

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012298

Entity Name: NEHOC, LLC

FILED
Jun 02, 2006
Secretary of State

Current Principal Place of Business:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Principal Place of Business:

7851 WOODLAND CENTER BLVD
TAMPA, FL 33614

Current Mailing Address:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Mailing Address:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

FEI Number: 04-3670068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
R. ALAN HIGBEE
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, GARY M
Address: 9504 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: COHEN, ROBIN J
Address: 9504 EDDINGS ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY M COHEN

MGRM

06/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date