


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000009448 1. Entity Name T & H INVESTMENTS, LLC	
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Principal Place of Business 1254 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	Mailing Address 1254 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1183790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHALIFOUX, THOMAS E 1254 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent, and title if applicable. DATE _____

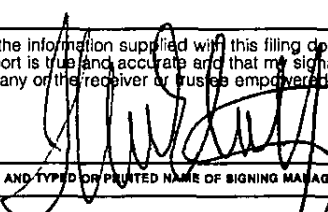
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000876670
04/11/08-80085-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALIFOUX, THOMAS E JR. 1254 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALIFOUX, HARRY W 1254 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **Thomas E. Chalifoux Jr** 3/28/08 407-846-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #