



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000027392</b> 1. Entity Name CHHS INVESTMENTS, LLC	
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Principal Place of Business 420 SOUTH ORANGE AVENUE, STE. 1200 ORLANDO, FL 32801	Mailing Address P.O. BOX 231 ORLANDO, FL 32801
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 55-0842492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHRISTIANSEN, PATRICK T 420 SOUTH ORANGE AVENUE, STE. 1200 ORLANDO, FL 32801
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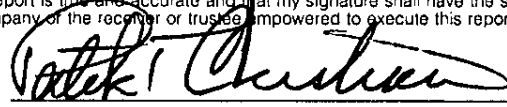
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CH ENTERPRISES, LLC 420 SOUTH ORANGE AVE., STE. 1200 ORLANDO, FL 32801
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<p>U000000787196 01/17/08-80072-021 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 	1. 10. 08	407.419.8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE <b>Patrick T. Christiansen</b>		
Date Daytime Phone #		