

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000036297

FILED
May 29, 2008
Secretary of State**Entity Name:** E & H REAL ESTATE COMPANY, LLC**Current Principal Place of Business:**3138 CAMELOT DR
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**PO BOX 1535
HAINES CITY, FL 33845**New Mailing Address:****FEI Number:** 27-0072848**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUGH G PIKE
3138 CAMELOT DR
HAINES CITY, FL 33844 US**Name and Address of New Registered Agent:**SMITHERMAN, WILLIAM
3138 CAMELOT DR
HAINES CITY, FL 33844 US

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: WILLIAM SMITHERMAN

05/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CENTRAL FLORIDA PROP, ERTY MANAGEMEN T LLC
Address: 3138 CAMELOT DR
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: BURNHAM, DARRELL
Address: 5100 US HWY 98 N, SUITE 12
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: PIKE, HUGH
Address: 3138 CAMELOT DR
City-St-Zip: HAINES CITY, FL 33844

Title: DIR (X) Change () Addition
Name: BURNHAM, DARRELL
Address: 5100 US HWY 98 N, SUITE 12
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM SMITHERMAN

MGR

05/29/2008

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