

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000036297

FILED
Oct 30, 2009
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:**SMITHERMAN, WILLIAM
3138 CAMELOT DR
HAINES CITY, FL 33844 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:** PRES () Delete
Name: PIKE, HUGH
Address: 3138 CAMELOT DR
City-St-Zip: HAINES CITY, FL 33844**Title:** DIR () Delete
Name: BURNHAM, DARRELL
Address: 5100 US HWY 98 N, SUITE 12
City-St-Zip: LAKELAND, FL 33809**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: SMITHERMAN, WILLIAM A MGRM
Address: 48 ASPEN DRIVE
City-St-Zip: HAINES CITY, FL 33844

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 A SMITHERMAN

MGRM

10/30/2009

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