

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90197 003 \*\*\*\*50.00

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<b>DOCUMENT # L04000024790</b> 1. Entity Name <b>EHR, LLC</b>			
Principal Place of Business <b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>		Mailing Address <b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>	
2. Principal Place of Business - No P.O. Box # <b>250 Canterwood Lane</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Mulberry, FL</b>		City & State <b>Same AS #2</b>	
Zip <b>33860</b>	Country <b>USA</b>	Zip  	Country  
4. FEI Number <b>73-1708585</b>		Applied For <input type="checkbox"/> 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  <b>REHBERG, JAMES H</b> <b>6802 SHIMMERING DRIVE</b> <b>LAKELAND, FL 33813</b> <i>250 Canterwood Lane Mulberry, FL 33860</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <u><i>James Rehberg</i></u> DATE <u>2/14/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>REHBERG, JAMES H</b> STREET ADDRESS <b>6802 SHIMMERING DRIVE</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b> <i>250 Canterwood Lane Mulberry, FL 33860</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  
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.			
<b>SIGNATURE:</b> <u><i>James Rehberg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2/14/07</u>	Daytime Phone # <u>833-646-8450</u>