2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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May 09, 2008 8:00 am Secretary of State **DOCUMENT # L04000024790** 05-09-2008 90061 028 ***138.75 1. Entity Name EHR, LLC Principal Place of Business Mailing Address 250 CANTERWOOD LN 250 CANTERWOOD LN 60040423 MULBERRY, FL 33860 MULBERRY, FL 33860 02022008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1708585 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REHBERG, JAMES H DO NOT WRITE.... 250 CANTERWOOD LN MULBERRY, FL 33860 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trip if applie (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MCR REHBERG, JAMES H NAME STREET ADDRESS 250 CANTERWOOD LN MULBERRY, FL 33860 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

GING MEMBER, OR AUTHORIZED REP

FILED