

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90028 032 ****55.00

DOCUMENT # L04000031256 1. Entity Name L H & L ENTERPRISES LLC					
Principal Place of Business 4453 190TH AVE. SE ISSAQUAH, WA 98027				Mailing Address 4453 190TH AVE. SE ISSAQUAH, WA 98027	
2. Principal Place of Business <div style="text-align: center; font-size: 1.5em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em;">N/A</div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04082005 Chg-LLC CR2E083 (10/03)	
City & State 		City & State 		4. FEI Number <div style="font-size: 1.2em;">84-1647224</div>	
Zip 		Zip 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGAN, SHAWN 46479 SW SR 65 BRISTOL, FL 32321				7. Name and Address of New Registered Agent Name <div style="text-align: center; font-size: 1.5em;">N/A</div> Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 1.5em;">FL</div> Zip Code	
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 <div style="text-align: center; font-size: 1.5em;">N/A</div> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERZOG, JACK 4453 190TH AVE. SE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, LANCE 446 SCENIC ROAD FAIRFAX, CA 94930	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, SHAWN P.O. BOX 906 EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.5em;">N/A</div>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>Jack Herzog</i>			4/9/05 (425) 644-9672		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		