

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90066 048 ****50.00

DOCUMENT # L04000038077

1. Entity Name
FHI INVESTMENTS, LLC



Principal Place of Business
320 BALMORAL COURT
DAVENPORT, FL 33896 US

Mailing Address
717 EAST OAK STREET
KISSIMMEE, FL 34744 US



04042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1149793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, EDDIE
320 BALMORAL COURT
DAVENPORT, FL 33896

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HENRY, EDDIE
STREET ADDRESS 320 BALMORAL COURT
CITY-ST-ZIP DAVENPORT, FL 33896

TITLE MGRM
NAME HENRY, ADRIENNE
STREET ADDRESS 320 BALMORAL COURT
CITY-ST-ZIP DAVENPORT, FL 33896

TITLE MGRM
NAME MIDWINTER, GRAHAM
STREET ADDRESS 320 BALMORAL COURT
CITY-ST-ZIP DAVENPORT, FL 33896

TITLE MGRM
NAME MIDWINTER, LINDA
STREET ADDRESS 320 BALMORAL COURT
CITY-ST-ZIP DAVENPORT, FL 33896

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: Adrienne Henry **ADRIENNE HENRY** 28 APR 2006 863-206-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #