

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003716

FILED
Apr 15, 2006
Secretary of State

Entity Name: EHH INVESTMENTS LTD. CO.

Current Principal Place of Business:

6940 NW 12 STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6940 NW 12 STREET
MIAMI, FL 33126

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENAO, CARLOS F
6940 NW 12 STREET
MIAMI, FL 33126 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: MGRM () Delete
Name: HENAO, CARLOS F
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: ESCALONA, ASTRID
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: HERNANDEZ, BETTY
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCALONA, ASTRID M
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, BETTY
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change () Addition
Name: HENAO, CARLOS
Address: 6940 NW 69 STREET
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: ASTRID ESCALONA

MGRM

04/15/2006

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