

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000025348	
1. Entity Name R.E.H. INVESTMENTS, LLC	

Principal Place of Business 9751 S. OCEAN DRIVE JENSEN BEACH FL 34957	Mailing Address 9751 S. OCEAN DRIVE JENSEN BEACH FL 34957
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIGEL, PAM 2288 S.E. DUNBROOK CIRCLE PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

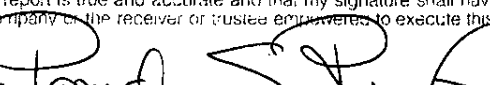
SIGNATURE _____ (NOTE: Registered agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGEL, PAMELA S 2288 S. E. DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGEL, ROBERT A 2288 S. E. DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPLEY, JUDITH K 2288 S. E. DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIGHT, KAREN M 2288 S. E. DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-15-08 7722292422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digital Photo #