


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000078109</b> 1. Entity Name EHX FINANCING, LLC	
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Principal Place of Business 2295 CORPORATE BOULEVARD, SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BOULEVARD, SUITE 222 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3276013	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  HERRICK, ELAYNE 2295 CORPORATE BOULEVARD, SUITE 222 BOCA RATON, FL 33431
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**DO NOT WRITE  
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 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, 2007**

**700094859167**  
03/27/07--01033--016 \*\*110.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERRICK, ELAYNE 2295 CORPORATE BOULEVARD, SUITE 222 BOCA RATON, FL 33431
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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:** Elayne Herrick, mgr. 2/16/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILED**

2007 MAR 19 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

