2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082216

Entity Name: SAHMAHPJH, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
15415 N. FLORIDA AVENUE TAMPA, FL 33613	2710 WINDGUARD CIR WESLEY CHAPEL, FL 33544

Current Mailing Address:	**New Mailing Address:**
15415 N. FLORIDA AVENUE TAMPA, FL 33613	2710 WINDGUARD CIR WESLEY CHAPEL, FL 33544

FEI Number: 16-1733709   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HONG, S ANDREW DR 15415 N FLORIDA AVE TAMPA, FL 33613 US	HONG, S ANDREW DR 2710 WINDGUARD CIR WESLEY CHAPEL, FL 33544 US

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: _____   01/26/2008 _____
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	P	( ) Delete	Title:	P	(X) Change ( ) Addition
Name:	HONG, S ANDREW DR		Name:	HONG, S ANDREW DR	
Address:	15415 N FLORIDA AVE		Address:	2710 WINDGUARD CIR	
City-St-Zip:	TAMPA, FL 33613		City-St-Zip:	WESLEY CHAPEL, FL 33544	

Title:	S	( ) Delete	Title:	S	(X) Change ( ) Addition
Name:	HONG, M ANNA		Name:	HONG, M ANNA	
Address:	15415 N FLORIDA AVE		Address:	2710 WINDGUARD CIR	
City-St-Zip:	TAMPA, FL 33613		City-St-Zip:	WESLEY CHAPEL, FL 33544	

I hereby certify that the information supplied with this filing does not qualify 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: S. ANDREW HONG, DVM, MS   P   01/26/2008 _____
             Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date