2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097555

Entity Name: EH2, LLC

Name:

Address:

City-St-Zip:

ELORDI, KAREN S

27 BLUEBERRY DRIVE

MENDON, MA 01756 US

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 27 BLUEBERRY DRIVE MENDON, MA 01756 **Current Mailing Address: New Mailing Address:** 27 BLUEBERRY DRIVE MENDON, MA 01756 FEI Number: 20-3606162 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: LAMPERT, MICHAEL A ESQ. 1655 PALM BEACH LAKES BLVD. SUITE 900 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ELORDI, JON P Name: Name: Address: 27 BLUEBERRY DRIVE Address: City-St-Zip: MENDON, MA 01756 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

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: KAREN S. ELORDI MGRM 02/25/2009