## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000100768

WESTON, FL 33331

City-St-Zip:

Entity Name: LAST HOUSE RECOVERY, LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TH GLADES [ IIAMI BEACH,			
Current Mailing Address:			New Mailing Address:	
	STON ROAD , FL 33331			
FEI Number	: 20-3612097	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1301 SHO	NDERS CPA TGUN ROAD , FL 33326	US		
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electror	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( EIGLARSH, DA 2625 WESTON WESTON, FL	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( EIGLARSH, DO 2625 WESTON WESTON, FL	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( EIGLARSH, LA 2625 WESTON WESTON, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM ( EIGLARSH, MA 2625 WESTON		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: DAVID EIGLARSH MGRM 04/28/2008