


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000043870</b> 1. Entity Name EICH, LLC	
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Principal Place of Business 4019 S.W. PT. ST. LUCIE BLVD. UNIT 2 PORT ST. LUCIE, FL 34953	Mailing Address 4019 S.W. PT. ST. LUCIE BLVD., UNIT 2 UNIT 2 PORT ST. LUCIE, FL 34953
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04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4975644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EAVENSON, BRADLEY ESQUIRE 11382 PROSPERITY FARMS ROAD SUITE 222F PALM BEACH GARDENS, FL 33410
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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 reappointing) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREISBERG, DECLAN 4019 S.W. PT. ST. LUCIE BLVD., UNIT 2 PORT ST. LUCIE, FL 34953
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05/08/08 80015-012 138.75

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:**  **DECLAN Freisberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #