

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90018 048 ***138.75

DOCUMENT # L06000066987

1. Entity Name
EBH ENTERPRISES, LLC



Principal Place of Business
**436 LOBLOLLY BAY DR
SANTA ROSA BEACH, FL 32459**

Mailing Address
**436 LOBLOLLY BAY DR
SANTA ROSA BEACH, FL 32459**

60000627



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
14-1968058

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATFIELD, EDWIN B
1233 DEERWOOD DRIVE
MIRAMAR BEACH, FL 32550**

Name **Edwin B. Hatfield**
Street Address (P.O. Box Number is Not Acceptable)

436 Loblolly Bay Drive

City **Santa Rosa Beach** FL Zip Code **32459**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **HATFIELD, EDWIN B**
STREET ADDRESS **436 LOBLOLLY BAY DR**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ROWE, JENNIFER**
STREET ADDRESS **436 LOBLOLLY BAY DR**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-08

Date

850-855-0950

Daytime Phone #