2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 24, 2008 08:00 A Secretary of State

1. Entity Name

TRI-H CONSTRUCTION, LLC

Principal Place of Business

Mailing Address

906 SEAWOOD DRIVE NEPTUNE BEACH, FL 32266 906 SEAWOOD DRIVE NEPTUNE BEACH, FL 32266



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5282566

S. Certificate of Status Desired

5. Certificate of Status Desired

5. Certificate of Status Desired

5. Certificate of Status Desired

6. Applied For Not Applicable

5. Not Applicable

5. Required

Fee Required

6. Name and Address of Current Registered Agent

HARASZ, ANTON III 906 SEAWOOD DRIVE NEPTUNE BEACH, FL 32266 DO NOT WRITE

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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 reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NÀME STREET ADDRESS	HARASZ, ANTON III 906 SEAWOOD DRIVE	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	MGRM	
NAME	HARASZ, COURTNEY A	04/09/08-80019-016-138:75
STREET ADDRESS	906 SEAWOOD DRIVE	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		
NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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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: 0/0 844

2/27/04

704-545-9978

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

Date

Daytime Phone #