

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000090431

**FILED**  
**Nov 18, 2009**  
**Secretary of State****Entity Name:** YHWH ENTERPRISES, LLC**Current Principal Place of Business:**244 SNUG HARBOUR DR  
SHALIMAR, FL 32579 US**New Principal Place of Business:****Current Mailing Address:**244 SNUG HARBOUR DR  
SHALIMAR, FL 32579 US**New Mailing Address:****FEI Number:** 20-5539272**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US**Name and Address of New Registered Agent:**BARNES, BARRY F  
244 SNUG HARBOUR DRIVE  
SHALIMAR, FL 32579 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: BARRY F BARNES

11/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: BARNES, BARRY F  
Address: 244 SNUG HARBOUR DR  
City-St-Zip: SHALIMAR, FL 32579 USTitle: MGRM ( ) Delete  
Name: BARNES, ELIZABETH K  
Address: 244 SNUG HARBOUR DR  
City-St-Zip: SHALIMAR, FL 32579 US**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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: BARRY F BARNES

MGRM

11/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date