2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 21, 2008 8:00 am Secretary of State **DOCUMENT # L06000111280** 07-21-2008 90082 042 ***138.75 HENŃ-HOUSE PRINT & GRAPHICS LLC Principal Place of Business Mailing Address **50000000** 1081 SOUTH BAY STREET **1801 SOUTH BAY STREET** EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4345 N. HIGHWAY 19-A. Suite, Apt. #, etc. 4345 N. HIGHWAY 19-A Suite, Apt. #, etc. 05162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For MOUNT DORA MOUNT DORA 86-1177148 Not Applicable Country LAKE Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENN, LINDA L Street Address (P.O. Box Number is Not Acceptable) 11 MELODY CIRCLE EUSTIS, FL 32726 Zip Code 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, 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 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE MERM Change ■ Addition HENN, LINDA L HENN, LINDA L NAME NAME 4345 N. HIGHWAY 19-A STREET ADDRESS 101 SOUTH EUSTIS STREET STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP ☐ Delete MGRM MGRM TITLE TITLE Change ☐ Addition HENN, EDWARD J JR 4345 N. HIGHWAY 19-A MOUNT DORA FL 32757 HENN, EDWARD J JR NAME 101 SOUTH EUSTIS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Hern M. EDWARD J. HENN JR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 7-16-08

352-357-4781

FILED