


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 21 PM 3:13

DOCUMENT # L06000115997	
1. Entity Name C&H INVESTMENT PROPERTIES L.L.C.	

Principal Place of Business 621 NEWPORT AVE. ALTAMONTE SPRINGS, FL 32701	Mailing Address 621 NEWPORT AVE. ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business - No P.O. Box # 1984 Country Brook Ave	3. Mailing Address 1984 Country Brook Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont, FL	City & State Clermont, FL
Zip 34711	Country
Country	Zip 34711
Country	Country



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8039925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HATTER, LES 621 NEWPORT AVE. ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name William Carr Street Address (P.O. Box Number is Not Acceptable) 1984 Country Brook Ave City Clermont FL Zip Code 34711
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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  DATE 4/8/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATTER, LES 621 NEWPORT AVE. ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900124843679 04/21/08--01028--036 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, WILLIAM 1984 COUNTRYBROOK AVE. CLEARMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/8/08 DAYTIME PHONE #

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