


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000061291	
1. Entity Name NH-GIL ENTERPRISES, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT -9 PM 4: 09

Principal Place of Business 18800 NW 12TH ST PEMBROKE PINES, FL 33029	Mailing Address PO BOX 7523 PEMBROKE PINES, FL 33029
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0384191	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JOHNSON, HEATHER 16898 SW 16TH ST PEMBROKE PINES, FL 33027	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	P GIL, NELSON 18800 NW 12TH ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136618131 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/03/08--01055--009 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIL, HONNA 18800 NW 12TH ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136618191 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/03/08--01055--010 **5.00
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
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

REINSTATEMENT 08

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 10/1/2008	Daytime Phone # 954-8017508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		