

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064191

Entity Name: SLH INVESTMENTS LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

12620 FIFTH ISLE
HUDSON, FL 34667 US

New Principal Place of Business:

1454 LENTON ROSE CT
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

12620 FIFTH ISLE
HUDSON, FL 34667 US

New Mailing Address:

1454 LENTON ROSE CT
NEW PORT RICHEY, FL 34655 US

FEI Number: 26-2916571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, CHAIM
12620 FIFTH ISLE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

HYMAN, CHAIM
1454 LENTON ROSE CT
NEW PORT RICHEY, FL 34655 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: CHAIM HYMAN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HYMAN, CHAIM
Address: 12620 FIFTH ISLE
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: HYMAN, KARINA
Address: 12620 FIFTH ISLE
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HYMAN, CHAIM
Address: 1454 LENTON ROSE CT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MGRM (X) Change () Addition
Name: HYMAN, KARINA
Address: 1454 LENTON ROSE CT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: CHAIM HYMAN

MGRM

04/29/2009

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