


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90071 002 \*\*\*138.75

<b>DOCUMENT # L99000004326</b>	
1. Entity Name <b>KHRI, L.C.</b>	

Principal Place of Business <b>280 W. CANTON AVENUE SUITE 120 WINTER PARK FL 32789</b>	Mailing Address <b>280 W. CANTON AVENUE SUITE 120 WINTER PARK FL 32789</b>
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2. Principal Place of Business - No P.O. Box # <b>1341 Bedford Dr</b>	3. Mailing Address <b>1341 Bedford Dr</b>
Suite, Apt. #, etc. <b>C</b>	Suite, Apt. #, etc. <b>C</b>

1st MOORE CR2E083 (10/07)

City & State <b>Melbourne, FL</b>	City & State <b>Melbourne, FL</b>
Zip <b>32940</b>	Country <b>USA</b>
Zip <b>32940</b>	Country <b>USA</b>

4. FEI Number <b>59-3608297</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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<b>PUGH, RICHARD D 280 W. CANTON AVENUE SUITE 120 WINTER PARK FL 32789</b>
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7. Name and Address of New Registered Agent
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Name <b>James P Cashin</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1341 Bedford Dr</b>
Suite <b>Suite C</b>
City <b>Melbourne</b>
State <b>FL</b>
Zip Code <b>32940</b>

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 <b>JAMES P CASHIN</b>	DATE <b>02/01/08</b>
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<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>MGR PUGH, RICHARD D 280 W. CANTON AVENUE, SUITE 120 WINTER PARK FL 32789</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MEMBER/MANAGER RICHARD D Pugh 1341 Bedford Dr Melbourne, FL 32940</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: <b>James P. Cashin</b>	Date: <b>4 FEB 08</b>	Daytime Phone #: <b>(907) 538-2006</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		