2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCHTENT # L9900004845 1. Entity Name EHF, LLC								Jan 29, 20 Secret		08:00 of Stat	
Principal Place of Business 1155 SOUTH SEMORAN BLVD., SUITE 1120 WINTER PARK FL 32792				Mailing Address 1155 SOUTH SEMORAN BLVD., SUITE 11 WINTER PARK FL 32792			-	BRIIBIT BIN IBIN IBIT PRIT BBIII I	anii waiit wat	te wats: (Still Block Bl)	
2. Principal Place of Business				3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.				- 	MOORE	CR2E0	83 (11/03)	_
City & State			City & State				4. FEI Nun	59-3605650		-	plied For t Applicable
Zip	Country			Z _i p	try	5. Certifica	ate of Status Desired	×	\$5.00 Add Fee Required		
	6. Name	and Address of Current	Reg	istered Agent		7. Name a	nd Address of New R	egistered	Agent		
		1005				Name					
TEPLITSKY, IGOR 1155 SOUTH SEMORAN BLVD., WINTER PARK FL 32792				UITE 1120		Street Address	s (P.O. Box Nun	nber is Not Acceptable)		
					City			FI	Zıp Code	9	
	named entitions of regis	ty submits this statement fo tered agent.	r the	e purpose of changing its	regisler	d office or regist	tered agent, or	both, in the State of Flo	rida. I an	n familiar with,	and accept
SIGNATURE											
	Signature, typed	d or printed name of registered agent	and bi	1		d Agent signature requir		<u> </u>	DATE		
				ş.		FEE IS \$50.00					
				Make Check Payab		-	ent of State				
				<u> </u>		ay 1, 2004		ADDITIONS	OLUNDÔĞ	· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBERS/MANAGERS 10					£		ADDITIONS/	CHANGE	Change	Addition
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TITLE NAME				LT Officie	NAN					ட் அளித	
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					1	Y-ST-ZIP					
11. I hereby indicated limited list	certify that the don this reposability compa	ne information supplied with ort is true and accurate and any or the receiver or truste	n this I tha e en	s filing does not qualify for t my signature shall have npowered to execute this	the exert the same report a	emption stated in the legal effect as its required by Cha	Section 119.07 If made under d apter 608, Florid	(3)(i), Florida Statutes ath; that I am a manaç da Statutes.	l further o ging mem	ertify that the in ber or manage	nformation er of the

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IGOR TEPLITSKY 1-26-04 (407)678-3939
ORAUTHORIZED REPRESENTATIVE DELE DELE DEVINE PROFER