

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90039 044 \*\*\*\*50.00

**DOCUMENT # L00000013940**

1. Entity Name  
**LHD, LLC**

Principal Place of Business: **C/O STEVEN C. LEE. ESQ. 800 NORTH MAGNOLIA AVENUE. SUITE 1500 ORLANDO FL 32803**  
 Mailing Address: **C/O STEVEN C. LEE. ESQ. P.O. BOX 2346 ORLANDO FL 32802-2346**

933457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3680925**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEE, STEVEN C ESQ  
 800 NORTH MAGNOLIA AVENUE, SUITE 1500  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name: **DEAN MEAD SERVICES, LLC**  
 Street Address (P.O. Box Number is Not Acceptable): **800 N. MAGNOLIA AVENUE SUITE 1500**  
 City: **ORLANDO FL** Zip Code: **32803**

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.  
**DEAN, MEAD, EGERTON, BLOODWORTH, CAPOJANO & BOZARTH, P.A., sole Member**  
 SIGNATURE BY: *Steven C. Lee* DATE: **03/08/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIMMITT, LAWRENCE H TRUSTEE 25485 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIMMITT, GENEVIEVE L TRUSTEE 25485 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33763</b>	<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	<b>DIMMITT, LAWRENCE H. III</b>	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *Lawrence H. Dimmitt* SIGNATURE REQUIRED **3/8/02 727-791-1818**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (9/01)