


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

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
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01212005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3680925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEAN MEAD SERVICES LLC  
 800 N MAGNOLIA AVE  
 SUITE 1500  
 ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIMMITT, LAWRENCE H III 25485 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIMMITT, GENEVIEVE L TRUSTEE 25485 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33763
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 III LAWRENCE H. DIMMITT III  
 MGRM 2/4/05 727-791-1818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #