


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

| | | | |
|--|---------|---|---------|
| DOCUMENT # A01000000091 | |  | |
| 1. Entity Name LCH INVESTMENTS, LTD. | | | |
| Principal Place of Business 8157 S.E. DOUBLETREE COURT HOBE SOUND FL 33455 | | Mailing Address 8157 S.E. DOUBLETREE COURT HOBE SOUND FL 33455 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 12 AM 9:27



1st MOORE CR2E003 (10/06)

| | | | |
|---|--|--|--|
| 4. FEI Number 65-1078417 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 800 S.E. MONTEREY COMMONS BLVD., STE. 200 STUART FL 34996 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|----------------------------|--------------------------|--|
| DOCUMENT # | P00000048200 | STREET ADDRESS | |
| NAME | LCH MANAGEMENT, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | 8157 S.E. DOUBLETREE COURT | | |
| CITY - ST - ZIP | HOBE SOUND FL 33455 | | |
| DOCUMENT # | L. Clark Hill | STREET ADDRESS | |
| NAME | 8157 SE Doubletree Dr. | CITY - ST - ZIP | |
| STREET ADDRESS | Hobe Sound FL 33455 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

L. Clark Hill L. Clark Hill 1/24/07 283-5931 772

STAPLE CHECK HERE