

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**DOCUMENT # A05000001515**

1. Entity Name  
**LMH PROPERTIES, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JUL 21 AM 11:48

Principal Place of Business 19495 BISCAYNE BLVD., SUITE 204 AVENTURA, FL 33180	Mailing Address 19495 BISCAYNE BLVD., SUITE 204 AVENTURA, FL 33180
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07122006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOCHSTEIN, LEONARD M**  
**19495 BISCAYNE BLVD., SUITE 204**  
**AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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

DOCUMENT #	<b>L05000018853</b>
NAME	<b>LMH CAPITAL HOLDINGS, L.L.C.</b>
STREET ADDRESS	<b>19495 BISCAYNE BLVD., SUITE 204</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>700078285397</b> <b>08/02/06--01065--011 **500.00</b>

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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

**7/13/06**  
Date

Daytime Phone #