

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007.**

FILED

2007 AUG -8 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06182007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A05000001515</b>					
1. Entity Name LMH PROPERTIES, LTD.					
Principal Place of Business 19495 BISCAYNE BLVD., SUITE 204 AVENTURA, FL 33180			Mailing Address 19495 BISCAYNE BLVD., SUITE 204 AVENTURA, FL 33180		
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	4. FEI Number <b>20-3237009</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 14, 2007</b>				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000018853			STREET ADDRESS	
NAME	LMH CAPITAL HOLDINGS, L.L.C.			CITY- ST- ZIP	
STREET ADDRESS	19495 BISCAYNE BLVD., SUITE 204				
CITY- ST- ZIP	AVENTURA, FL 33180				
DOCUMENT #				STREET ADDRESS	<b>500108404995</b> <b>09/22/07-01010-011 **500.00</b>
NAME				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:  <b>6/2/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE