

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A05000001515

1. Entity Name
 LMH PROPERTIES, LTD.



FILED

08 JUL -1 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

06242008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 20-3237009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, 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 # L05000018853
 NAME LMH CAPITAL HOLDINGS, L.L.C.
 STREET ADDRESS 19495 BISCAYNE BLVD., SUITE 204
 CITY-ST-ZIP AVENTURA, FL 33180

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 CITY-ST-ZIP

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 NAME
 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

Date

Daytime Phone #

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000132103230
 07/03/08 01003 009 **350.00

05/30/08-01007-014-#150.00

SEE ATTACHED LETTERS

STAPLE CHECK HERE