

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011363

Entity Name: LHT, LLC

FILED
Sep 03, 2007
Secretary of State

Current Principal Place of Business:

2401 FRIST AVE #7
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2401 FRIST AVE # 7
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-1043888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KATZMAN, SCOTT M.D.
2401 FRIST BLVD #7
FORT PIERCE, FL 34950 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZMAN, SCOTT
Address: 2401 FRIST BLVD #7
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR () Delete
Name: SCOTT S. KATZMAN, MD, , PA
Address: 2401 FRIST BLVD #7
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN A LEONHARDT

CPA

09/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date