2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L00000011363

Entity Name: LHT, LLC

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGR (X) Change ( ) Addition
Name: SCOTT S. KATZMAN, MD, , PA 65-043133 1
Address: 2401 FRIST BLVD #7
City-St-Zip: FORT PIERCE, FL 34950

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 03/13/2008

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