

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000853

Entity Name: LMBH ASSOCAITES, L.C.

FILED  
Jan 31, 2005  
Secretary of State

**Current Principal Place of Business:**

568 9TH STREET SOUTH  
STE 118  
NAPLES, FL 34102

**New Principal Place of Business:**

4000 HOLLYWOOD BLVD #400 N  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

P.O. BOX 696  
NAPLES, FL 34106

**New Mailing Address:**

FEI Number: 59-3734529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLINGSWORTH, LEONTINE  
568 9TH ST SOUTH  
STE 118  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

KUSHNER, LES S ESQ  
4000 HOLLYWOOD BLVD #400 N  
HOLLYWOOD, FL 33021 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: LES S. KUSHNER

01/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOLLINGSWORTH, LEONTINE  
Address: 568 9TH ST SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOLLINGSWORTH, LEONTINE  
Address: P O BOX 696  
City-St-Zip: NAPLES, FL 34106

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONTINE HOLLINGSWORTH

MGRM

01/31/2005

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