

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000853

Entity Name: LMBH ASSOCAITES, L.C.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8551 W. SUNRISE BLVD.  
SUITE 301  
PLANTATION, FL 33322

**New Principal Place of Business:**

**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 (X)

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

KUSHNER, LES S ESQ  
8551 W. SUNRISE BLVD.  
SUITE 301  
PLANTATION, FL 33322 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  
Name: HOLLINGSWORTH, LEONTINE  
Address: P O BOX 696  
City-St-Zip: NAPLES, FL 34106

I hereby 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

04/16/2012

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