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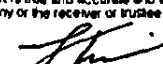
L02000006291

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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HL 9/18

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006291																															
1. Entity Name LNH, LLC																															
Principal Place of Business 1252 GLENHURST DRIVE HEATHROW, FL 32746		Mailing Address 1252 GLENHURST DRIVE HEATHROW, FL 32746																													
2. Principal Place of Business 775 VIA LOMBARDY		3. Mailing Address 775 VIA LOMBARDY																													
State, Apt. #, etc.		State, Apt. #, etc.																													
City & State WINTER PARK FL		City & State WINTER PARK FL																													
Zip 32789		Zip 32789																													
Country		Country																													
4. FEI Number 27-0004889		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent VALDES MARTIN, MIRTHA CPA 1321 ARBOR VISTA LOOP #126 LAKE MART, FL 32748		7. Name and Address of New Registered Agent																													
Name		Name																													
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																													
City		City																													
FL		Zip Code																													
I, the above named entity, submit 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 Signed, typewritten printed name of signatory agent and title in parentheses (NOTE: Registered Agent's signature must be accompanied by a date)																															
<table border="1"> <thead> <tr> <th colspan="2">A. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>MGR HIRESH, LOU LOU 1252 GLENHURST DRIVE HEATHROW, FL 32746 775 VIA LOMBARDY WINTER PARK FL 32789</td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>				A. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR HIRESH, LOU LOU 1252 GLENHURST DRIVE HEATHROW, FL 32746 775 VIA LOMBARDY WINTER PARK FL 32789	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 808, Florida Statutes.																															
SIGNATURE: 		4-28-03 (47) 647-6907																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																													

CR2003 (10/02)