

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90420 028 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L03000010947</b><br>1. Entity Name<br><b>LHZ PROPERTIES, LLC</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>13820 DOUBLETREE TRAIL<br/>WELLINGTON FL 33414</b>  |  |  | Mailing Address<br><b>13820 DOUBLETREE TRAIL<br/>WELLINGTON FL 33414</b>   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                             |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                            |  |   |  |
| City & State  |  | City & State                                   |  |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number: <b>51-0467315</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |  |  |   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>MORRIS, STUART R<br/>7000 WEST PALMETTO PARK ROAD<br/>SUITE 310<br/>BOCA RATON FL 33433</b>  |  |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____              |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |  |  |  |   |  |
|   |  |  | <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b> |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>GLADYS Z. MONTUJO REVOCABLE TRUST<br/>13820 DOUBLETREE TRAIL<br/>WELLINGTON FL 33414</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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 608, Florida Statutes. |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  | <b>4-1304</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #   |   |  |