## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Mar 29, 2004 8:00 am **Secretary of State** DOCUMENT # L03000016918 1. Entity Name 03-29-2004 90552 041 \*\*\*\*50.00 LHR VENTURES II, L.L.C. Principal Place of Business Mailing Address 1003 WEST WAY DR. 1003 WEST WAY DR. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 51-0465896 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMPTON, JOHN Street Address (P.O. Box Number is Not Acceptable) NORTON, HAMMERSLEY, LOPEZ & SKOKOS, PA 1819 MAIN ST., STE. 610 SARASOTA FL 34236 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. CO - MANAGER Addition TITLE ☐ Defete TITLE Change NAME W. HOWALD POURS NAME 1003 WEST WAY DRIVE STREET ADD STREET ADDRESS 31236 CITY-ST-7/P CITY-ST-ZIF co-manager TITLE 🗷 Delete TITLE ☐ Change Addition NAME NAME ROSERT C. MORRIS 1003 WEST WAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP SALA GOTA CO-MANACE'L Delete TITLE Change X Addition TITLE NAME NAME LISA R. MORAIG STREET ADDRESS STREET ADDRESS 1003 WEST WAY DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JRE: LOSCOT C. MORALS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED**