2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038693

1. Entity Name
FLH PROPERTIES, LLC

Principal Place of Business	Mailing Address
499 N. STATE ROAD 434 SUITE 2009 ALTAMONTE SPRINGS, FL 32714	499 N. STATE ROAD 434 SUITE 2009 ALTAMONTE SPRINGS, FL 32714

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DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1189968

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00**

6. Name and Address of Current Registered Agent

HANIN, STANLEY B
499 N. STATE ROAD 434
SUITE 2009
ALTAMONTE SPRINGS, FL 32714

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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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HANIN, STANLEY
STREET ADDRESS	499 N STATE RD 434 SUITE 2009
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
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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 608, Florida Statutes.

SIGNATURE: _____ 1/26/05 407 862 6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #