2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000038693

1. Entity Name
FLH PROPERTIES, LLC



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

499 N. STATE ROAD 434

SUITE 2009

ALTAMONTE SPRINGS, FL 32714

Mailing Address

499 N. STATE ROAD 434 SUITE 2009

ALTAMONTE SPRINGS, FL 32714



02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1189968 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and acce
SIGNATURE.			
··	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature réquired when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	0	U00000846618 3/18/08-80036-012 138.75
9.	MANAGING MEMBERS/MANAGERS		`
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANIN, STANLEY 499 N STATE RD 434 SUITE 2009 ALTAMONTE SPRINGS, FL 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			OT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN IN	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			* •
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP

Stell Sarret

31.108

407 862 6760

Daytme Phone •