

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001719**

1. Entity Name  
LHP INTRACOSTAL, LLC



Principal Place of Business

2900 GLADES CIRCLE  
SUITE 850  
WESTON, FL 33327 US

Mailing Address

2900 GLADES CIRCLE  
SUITE 850  
WESTON, FL 33327 US



02282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0571830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSE GREGORIO TOVAR  
ARIAS, TOVAR & ASSOC, PA  
WESTON TOWN CTR, 1735 MAIN ST, STE 209  
WESTON, FL 33326

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BRICENO, RAUL  
2900 GLADES CIRCLE SUITE 850  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HERNANDEZ, LUIS  
2900 GLADES CIRCLE SUITE 850  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MARAVAR, JOSE  
2900 GLADES CIRCLE SUITE 850  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SOSA, JUAN I  
2900 GLADES CIRCLE SUITE 850  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000481912  
04/11/06-80051-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

March 3, 2006

Date

954-3490351

Daytime Phone #