

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 002 ****50.00

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
--	--

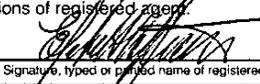
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent Name ELIZABETH BRICENO Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE, SUITE 850 City WESTON FL Zip Code 33327
--	---

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 reinstating) DATE **02/14/07**

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRICENO, RAUL <input type="checkbox"/> Delete 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, LUIS <input type="checkbox"/> Delete 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARAVAR, JOSE <input type="checkbox"/> Delete 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSA, JUAN I <input type="checkbox"/> Delete 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 

FEB 17, 2007

954-3490351