2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# L04000024296

Entity Name: L & H PROPERTIES, LLC

Current Principal Place of Business:

4105 MAINE AVENUE
EATON PARK, FL 33840

New Principal Place of Business:

4105 MAINE AVENUE
EATON PARK, FL 33801

Current Mailing Address:

4105 MAINE AVENUE
EATON PARK, FL 33840

New Mailing Address:

PO BOX 1128
EATON PARK, FL 33840

FEI Number: 20-0965140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 NORTH TAMPA STREET, STE. 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 US

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.

SIGNATURE: JAMES W. GOODWIN 05/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: LITTLE, JOSEPH K
Address: PO BOX 1128
City-St-Zip: EATON PARK, FL 33840

Title: MGR ( ) Change (X) Addition
Name: HAM, REBECCA
Address: PO BOX 1128
City-St-Zip: EATON PARK, FL 33840

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH K. LITTLE MGR 05/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date