

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054662		
1. Entity Name L & H PROPERTIES, LLC		

Principal Place of Business 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455	Mailing Address 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **20-2597409** ☐ Applied For ☐ Not Applied

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent DUNCAN, LINDA 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCAN, LINDA 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000422221 02/17/06-80007-001 5.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCAN, HOWARD 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000422221 02/17/06-80007-002 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: Linda Sue Duncan 2/3/06