


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054663					
1. Entity Name L & H GLOBAL, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2597480 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNCAN, LINDA 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____					
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DUNCAN, LINDA		NAME		
STREET ADDRESS	8880 S.E. BAYBERRY TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DUNCAN, HOWARD		NAME		
STREET ADDRESS	8880 S.E. BAYBERRY TERRACE		STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E083 (10/05)

4. FEI Number **20-2597480** Applied For Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: Linda Sue Duncan 2/23/06 772-341-621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #