2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 08, 2007 8:00 am DOCUMENT # L04000054663 **Secretary of State** 1. Entity Name 02-08-2007 90141 020 ****55.00 L & H GLOBAL, LLC Principal Place of Business Mailing Address 8880 S.E. BAYBERRY TERRACE 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11718 SE FEDERAL HWY 11718 SE FEDERAL HUN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For HOBE SOUND, FL 20-2597480 HOBE SOUND, FL Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33455-5303 MARDN Fee Required MARTIN 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, LINDA SUE Street Address (P.O. Box Number is Not Acceptable) 8880 S.E. BAYBERRY TERRACE HOBE SOUND FL 33455 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 Signature, typed or number name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature recipied when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition 11111 MGR ☐ Delete THEE ☐ Change DUNCAN, LINDA SUE NAM NAM STREET ADDRESS STREET ADDRESS 8880 S.E. BAYBERRY TERRACE CITY-ST ZIP CITY ST-ZIP HOBE SOUND FL 33455 ☐ Delete ☐ Addition 18111 ☐ Change THILL MGR NAME NAM DUNCAN, HOWARD STREET ADDRESS STREET ADDRESS 8880 S.E. BAYBERRY TERRACE CHY-ST-ZIP CHY ST ZIP HOBE SOUND FL 33455 HTU ☐ Delete THE Change ☐ Addition NAMI MAM STREET ADDRESS STRUCT ADDRESS CHY-SE-7IP CHY ST ZIP Addition ☐ Delete 100 ☐ Change 1011 NAMI NAM STREET ADDRESS STREET LADORESS CHY SE ZIP CHY ST 74P Delete Change ■ Addition NAMI STREET ADDRESS STREET ADDOUGS CHY-ST-ZIP CITY ST 7IP ☐ Change Addition 10111 ☐ Delete 11111 NAML NAME STREET ADDRESS STREET AUDRESS CITY-S1-ZIP CDY-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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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