

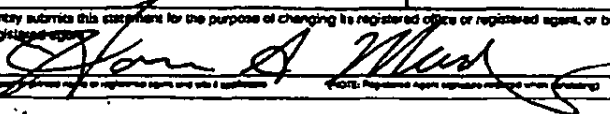



FILED
Mar 26, 2008 8:00 am
Secretary of State

01-10-2008 90018 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # L04000063579				
1. Entry Name LFHM LLC				
Principal Place of Business 2833 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	Mailing Address 2833 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308			
DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent MOODY, HORACE 2833 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308		<p style="text-align: right;">30002795</p>  <p>Q1072008 No Chg-LLC CR2E083 (12/07) 264-70-4592 4. FEI Number 407-82-0350 NOT APPLICABLE</p> <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> <p>5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</p>	Applied For	Not Applicable
Applied For	Not Applicable			
DO NOT WRITE IN THIS SPACE				
b. The above named entry 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:  DATE: _____ <small>Signature must be printed name of registered agent and who is authorized. (NOTE: Registered agent signature required when filing)</small>				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78				
MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MOODY, HORACE A SS # 264-70-4592 2833 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	<p style="text-align: right;">11072008 No Chg-LLC CR2E083 (12/07)</p> <p>NOT APPLICABLE</p> <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> <p>\$5.00 Additional Fee Required</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>	Applied For	Not Applicable
Applied For	Not Applicable			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM FEIGE, LAURA A SS # 407-82-0350 2833 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308			
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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 603, Florida Statutes.				
SIGNATURE: 		Date: 3/24/08 950-599-2480		