## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000066455

1. Entity Name LHS INVESTMENTS, LLC



**FILED** Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

4723 B NW 53 AVE GAINESVILLE, FL 32606 Mailing Address

4723 B NW 53 AVE GAINESVILLE, FL 32606



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1594903 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, SUSAN M 4723 B NW 53 AVE GAINESVILLE, FL 32606

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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, typed or printed name of registered agent and title if applicable

(NOTE; Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FABRICK, LEWIS 4723 B NW 53 AVE GAINESVILLE. FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CADIZ, HELEN 4723 B NW 53 AVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, SUSAN 4723 B NW 53 AVE GAINESVILLE, FL 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-7IP	

U00000838862 03/05/08-80047-008 138.75

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11. I hereby certify that the information supplied with this filling 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 eath; 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: