


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000085569 1. Entity Name LOHPM, LLC	
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Principal Place of Business 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236	Mailing Address 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1930298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PALERMO, GEORGE L
100 N. WASHINGTON BLVD STE 301
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

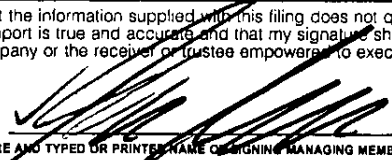
U00000936889
05/27/08-80028-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, GEORGE L MGR 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, LOREN H MGR 100 N. WASHINGTON BLVD STE 301 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  **4/29/2008 9413657777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #