

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090645

Entity Name: LCHC, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

888 JERONIMO DRIVE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

880 JERONIMO DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

888 JERONIMO DRIVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

880 JERONIMO DRIVE  
CORAL GABLES, FL 33146

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GASTESI, RAUL JR, ESQ  
GASTESI & ASSOCIATES, P.A.  
8105 N.W. 155TH STREET  
MIAMI LAKES, FL 33016 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHIAPPY, LUIS  
Address: 888 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: CASTRO, HUGO  
Address: 888 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHIAPPY, LUIS  
Address: 880 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change ( ) Addition  
Name: CASTRO, HUGO  
Address: 880 JERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS CHIAPPY

MM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date