

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001898

Entity Name: L.H.F. INVESTMENTS, LLC

FILED  
Feb 06, 2009  
Secretary of State

**Current Principal Place of Business:**

901 MILLENBECK AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

901 MILLENBECK AVE  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 20-2125024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULLER, GARY W  
901 MILLENBECK AVE  
DELTONA, FL, FL 32725 US

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

FULLER, GARY W  
901 MILLENBECK AVE  
DELTONA,, FL 32725 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:

02/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FULLER, GARY W  
Address: 901 MILLENBECK AVE  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: LISMAN, JOHN  
Address: 503 CLARELLA COURT  
City-St-Zip: LANSDALE, PA 19446

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY W FULLER

MGRM

02/06/2009

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