

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029477

Entity Name: LH CONDO, LLC

FILED
Sep 16, 2008
Secretary of State

Current Principal Place of Business:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

Current Mailing Address:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

New Principal Place of Business:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

New Mailing Address:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 US

FEI Number: 20-2787291 FEI Number Applied For () 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:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 205
BOCA RATON, FL 33433 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:

09/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAKER, ANTHONY
Address: 6598 NEWPORT LAKE CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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: ANTHONY SAKER

MGR

09/16/2008

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