

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045738

Entity Name: LTHB LLC

FILED
May 10, 2009
Secretary of State

Current Principal Place of Business:

8 POINTE WAY
DON PEDRO ISLAND, FL 33946 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5141
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 20-2884590 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:

Name and Address of New Registered Agent:

COHEN, DAVID P
8 POINTE WAY
DON PEDRO ISLAND, FL 33946 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: MGRM () Delete
Name: COHEN, DAVID P
Address: 8 POINTE WAY
City-St-Zip: DON PEDRO ISLAND, FL 33946 US

Title: MGRM () Delete
Name: COHEN, CANDYCE L
Address: 8 POINTE WAY
City-St-Zip: DON PEDRO ISLAND, FL 33946 US

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: CANDYCE COHEN

MGRM

05/10/2009

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