



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000051423 1. Entity Name L.H. MAHONEY, LLC	
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Principal Place of Business 1269 FINLAND DRIVE SPRING HILL, FL 34609	Mailing Address 1269 FINLAND DRIVE SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2955813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAHONEY, MICHAEL A 1269 FINLAND DR SPRING HILL, FL 34609

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAHONEY, MICHAEL A 1269 FINLAND DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAHONEY, PAMELA S 1269 FINLAND DR SPRING HILL, FL 34609
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03/26/08-80077-003 138.75

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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: Michael A Mahoney 3/3/08 352-686-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #