

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089997

Entity Name: LH&S HOLDINGS, LLC

FILED  
Feb 13, 2006  
Secretary of State

**Current Principal Place of Business:**

6490 CHABOT ROAD  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

6490 CHABOT ROAD  
FORT MYERS, FL 33905 US

**New Mailing Address:**

FEI Number: 20-3520113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHORLE, JEFFREY S  
6490 CHABOT ROAD  
FORT MYERS, FL 33905 US

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

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: SCHORLE, JEFFREY S  
Address: 6490 CHABOT ROAD  
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM ( ) Delete  
Name: HENDERSON, JAMES D  
Address: 6901 SLATER PINES ROAD  
City-St-Zip: N. FORT MYERS, FL 33917

Title: MGRM ( ) Delete  
Name: LUCAS, ROBERT R  
Address: 414 SW 51ST ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

**ADDITIONS/CHANGES:**

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

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 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: JEFFREY S. SCHORLE

MGR

02/13/2006

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