

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090980

Entity Name: LMH OF ANNA MARIA, LLC

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

415 28TH STREET  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

415 28TH STREET  
HOLMES BEACH, FL 34217

**New Mailing Address:**

FEI Number: 20-3473439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEK, GERALD E  
415 28TH STREET  
HOLMES BEACH, FL 34217 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: PRES ( ) Delete  
Name: MARTINEK, GERALD E  
Address: 415 28TH STREET  
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: VP ( ) Delete  
Name: HALL, CHRISTOPHER  
Address: 1190 OLD CREEK RD  
City-St-Zip: WOODRIDGE, IL 60517 US

Title: TRES ( ) Delete  
Name: LILLIE, LAWRENCE J  
Address: 539 KEY ROYALE DRIVE  
City-St-Zip: HOLMES BEACH, FL 34217

**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 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: LAWRENCE J. LILLIE

TRES

04/28/2007

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