## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT #L05000090980** 

1. Entity Name
LMH OF ANNA MARIA, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

415 28TH STREET HOLMES BEACH, FL 34217 Mailing Address

415 28TH STREET HOLMES BEACH, FL 34217



DATE

04042008 No Chg-LLC

CR2E083 (12/07)

4.	FEI	Numbe	er	
	20	-347	3439	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE.

1. A Name and Address of Current Registered Agent

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

MARTINEK, GERALD E 415 28TH STREET HOLMES BEACH, FL 34217

DO NOT WRIT	-
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가는 전 그 살림 사람이 없는데 그 없이다 되어요? 하는 사람들이 사람들이 얼마나 되었다면 되었다면 다른데 없었다.	ни
IN THIS SPACE	٠.

8.	<ul> <li>The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.</li> </ul>	ed office or registered agent, or bot	h, in the State of Florida.	I am familiar with, and accept
SĮ	GNATURE			

(NOTE: Recistered Agent suggestion required when reinstation)

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

<b>3</b> 4.	MANAGING MEMBERS/MANAGERS	[集]] 机性温度 医克里斯氏管 医二甲基甲基 医二甲基甲基 医二甲基甲基 医二甲基甲基 医二甲基甲基 医二甲基甲基 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
HITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARTINEK, GERALD E 415 28TH STREET HOLMES BEACH, FL 34217	Woo000927680 05X20X09_801U5=015_188-75*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, CHRISTOPHER 1190 OLD CREEK RD WOODRIDGE, IL 60517	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES LILLIE, LAWRENCE J 539 KEY ROYALE DRIVE HOLMES BEACH, FL 34217	DO NOT WRITE, IN THIS SPACE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Lywsence & Filly LAWRENCE J LILLIE	4-23-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Dayerne Phone #