

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90060 028 ****50.00

DOCUMENT # L06000001191

1. Entity Name
LH PACKARD PROPERTIES, LLC



Principal Place of Business
**7429 LAURELS PLACE
PORT ST. LUCIE, FL 34986 US**

Mailing Address
**7429 LAURELS PLACE
PORT ST. LUCIE, FL 34986 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4671606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PARKWAY
#300
CAPE CORAL, FL 33904**

Name **DAVID R. PACKARD**

Street Address (P.O. Box Number is Not Acceptable)

7429 LAURELS PLACE

City **PORT ST. LUCIE**

FL

Zip Code **34986**

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

DAVID R. PACKARD **MANAGER**

1/5/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PACKARD, DAVID R**
STREET ADDRESS **7429 LAURELS PLACE**
CITY - ST - ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **MGR** ☐ Delete
NAME **PACKARD, LINDA H**
STREET ADDRESS **7429 LAURELS PLACE**
CITY - ST - ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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:

DAVID R. PACKARD

1/5/07

772-468-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #