

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023713

Entity Name: LABH PROPERTIES, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

6203 IKES CABIN CT  
PALMETTO, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 762  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HARDY, ALAN  
6203 IKES CABIN CT  
PALMETTO, FL 34221 US

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

PRATHER, ALAN H ESQUIRE  
6203 IKES CABIN CT  
PALMETTO, FL 34221 US

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: ALAN H PRATHER, ESQUIRE

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DIR ( ) Delete  
Name: TAYLOR, MICHAEL G  
Address: 6203 IKES CABIN CT  
City-St-Zip: PALMETTO, FL 34221

Title: DIR ( ) Delete  
Name: PRATHER, ALAN H  
Address: 101 25TH ST W  
City-St-Zip: BRADENTON, FL 34205

**ADDITIONS/CHANGES:**

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: MICHAEL G TAYLOR

DIR

05/01/2008

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