2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L06000033797

Entity Name: LHS TARPON HOLDINGS, LLC

Current Principal Place of Business:

117 FREDERICK STREET
HANOVER, PA 17331

New Principal Place of Business:

Current Mailing Address:

117 FREDERICK STREET
HANOVER, PA 17331

New Mailing Address:

FEI Number: 65-1287048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HOAR, KATHRYN S
Address: 117 FREDERICK STREET
City-St-Zip: HANOVER, PA 17331

Title: MGR ( ) Delete
Name: SHEPPARD, THOMAS H
Address: 117 FREDERICK STREET
City-St-Zip: HANOVER, PA 17331

Title: MGR ( ) Delete
Name: HEATHERS, LUNN
Address: 1021 OLD WESTMINISTER RD
City-St-Zip: HANOVER, PA 17331

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: LUNN, HEATHER S
Address: 1021 OLD WESTMINISTER RD
City-St-Zip: HANOVER, PA 17331

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: HEATHER SHEPPARD LUNN MGR 02/04/2009

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