


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 011 ***138.75

DOCUMENT # L06000038210	
1. Entity Name L&H L.L.C.	

Principal Place of Business 214 CRYSTAL GROVE BOULEVARD LUTZ, FL 33634	Mailing Address 214 CRYSTAL GROVE BOULEVARD LUTZ, FL 33634
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2. Principal Place of Business - No P.O. Box # 6298 Nature Coast Blvd Suite, Apt. #, etc.	3. Mailing Address 6298 Nature Coast Blvd. Suite, Apt. #, etc.
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City & State Brooksville, Florida	City & State Brooksville, Florida
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Zip 34601	Country Hernando	Zip 34601	Country Hernando
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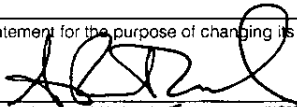
02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4917319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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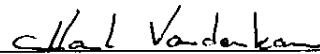
6. Name and Address of Current Registered Agent COLVIN, LEE 214 CRYSTAL GROVE BOULEVARD LUTZ, FL 33634	
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7. Name and Address of New Registered Agent Name CMI LLC - A. Reginald Termulo Street Address (P.O. Box Number is Not Acceptable) 952 Huntley Avenue City Dunedin FL Zip Code 34698	
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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 	DATE FEB. 27, 2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLVIN, LEE 214 CRYSTAL GROVE BOULEVARD LUTZ, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDERKAM, HANK 1301 TRAVIS #1200 HOUSTON, TX 77088 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	02-27-08 713-547-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #