

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

3/

FILED  
Mar 27, 2007 8:00 am  
Secretary of State

03-02-2007 90187 004 \*\*\*\*50.00

DOCUMENT # L06000066581		
1. Entity Name H-LTH, LLC		

Principal Place of Business 545 WAHOO ROAD PANAMA CITY, FL 32408	Mailing Address P.O. BOX 27790 PANAMA CITY, FL 32411-7790
--	---

30003305

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

02252007 Chg-LLC CR2E083 (12/06)

4. FEI Number

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		
MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when renewing) 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 NAME STREET ADDRESS CITY-ST-ZP	MGR BLUE HERON, LLC 3993 HOWARD HUGHES PARKWAY, SUITE 250 LAS VEGAS, NV 89109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<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.

Kenneth P. Gummels, Authorized Representative

SIGNATURE: 	2/27/2007	850-233-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
Daytime Phone #		