

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001532

Entity Name: LHPMC, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

412 NW 113 TERRACE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

11887 NW 69TH PL
PARKLAND, FL 33076 US

Current Mailing Address:

412 NW 113 TERRACE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

11887 NW 69TH PL
PARKLAND, FL 33076 US

FEI Number: 20-8158069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUANG, JIAN
412 NW 113 TERRACE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

HUANG, JIAN
11887 NW 69TH PL
PARKLAND, FL 33076 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:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUANG, JIAN
Address: 412 NW 113 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Delete
Name: LI, CHEN
Address: 412 NW 113 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUANG, JIAN
Address: 11887 NW 69TH PL
City-St-Zip: PARKLAND, FL 33076 US

Title: MGRM (X) Change () Addition
Name: LI, CHEN
Address: 11887 NW 69TH PL
City-St-Zip: PARKLAND, FL 33076 US

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: JIAN HUANG

MGRM

01/07/2009

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