

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 17 AM 8: 36

<b>DOCUMENT # L07000014826</b>					
<b>1. Entity Name</b> GARDEN HILLS INVESTMENT HOLDINGS LLC					
<b>Principal Place of Business</b> 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			<b>Mailing Address</b> 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
<b>2. Principal Place of Business - No P.O. Box #</b> 15807 S.W. 102 Lane			<b>3. Mailing Address</b> P.O. Box 650128		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Miami, FL			<b>City &amp; State</b> Miami, FL		
<b>Zip</b> 33196		<b>Country</b> USA		<b>Zip</b> 33265	
<b>Country</b> USA		<b>4. FEI Number</b> N/A			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: Louis Clavel Street Address (P.O. Box Number is Not Acceptable): 15807 S.W. 102 Lane City: Miami FL Zip Code: 33196		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR <input type="checkbox"/> Delete NAME: LCC MANAGEMENT PARTNERS, LLC STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, SUITE 703 CITY-ST-ZIP: MIAMI, FL 33133			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: P.O. Box 650128 STREET ADDRESS: Miami, FL 33265		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 000123589170 STREET ADDRESS: 04/16/08--01004--014 CITY-ST-ZIP: **916.25		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>LOUIS CLAVEL</b> 4/18/08 305-218-6718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					