2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90136 050 ***138.75

DOCUMENT # L07000100579

1. Entity Name
L.H. CONSULTING LLC

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Principal Place of Business	Mailing Address
3614 LOWSON BLVD. DELRAY BEACH, FL 33445 US	3614 LOWSON BLVD. DELRAY BEACH, FL 33445 US

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

02152008   Chg-LLC   CR2E083 (12/06)

4. FEI Number _2ɩ - 1172ɩɪ8_   □ Applied For
□ 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
HOSKIN, LARRY 3614 LOWSON BLVD. DELRAY BEACH, FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) City FL │ 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 reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSKIN, LARRY 3614 LOWSON BLVD. DELRAY BEACH, FL 33445	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ 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: _____ 2/21/08 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #