## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29537

FILED Apr 19, 2006 Secretary of State

Entity Name: LMHC PROPERTIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2789 ORTIZ AVE FORT MYERS, FL 33905 US **Current Mailing Address: New Mailing Address:** 2789 ORTIZ AVE FORT MYERS, FL 33905 US FEI Number: 65-0098734 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLEMAN, CARL JOSEPH 2201 SECÓND STREET 5TH FLOOR FORT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REILLLY, JAMES MR. Name: Name: 3026 E. RIVERSIDE DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: VCD Title: (X) Change ( ) Addition ( ) Delete CROCKETT, DAVY MR. Name: BOWER, MARSHALL ESQ Name: Address: P.O. BOX 2213 Address: 15031 PUNTA RASSA RD #1203 City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: () Change () Addition CABAI, JOAN EMS. Name: Name: Address: P.O. BOX 2213 Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: TD ( ) Delete Title: (X) Change ( ) Addition Name: SLUSHER, JAMES A ED.D. Name: KLEINOW, ED 518 N. YACHTSMAN DRIVE Address: P.O. BOX 60210 Address: City-St-Zip: FORT MYERS, FL 33906 City-St-Zip: SANIBEL ISLAND, FL 33957 Title: BOD ( ) Delete Title: ROD (X) Change ( ) Addition ISAACS, MADELYN L PH.D. Name: Name: ISAACS, MADELYN L PH.D. 10501 FGCU BOULEVARD SOUTH 10501 FGCU BOULEVARD SOUTH Address: Address: City-St-Zip: FORT MYERS, FL 3965 City-St-Zip: FORT MYERS, FL 33965 Title: () Delete Title: () Change () Addition MICHAEL, REITMANN MR. Name: Name: Address: 4210 METRO PARKWAY SUITE 100 Address: FORT MYERS, FL 33916 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. WINTERS CFO 04/19/2006