


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000048200 |  |
| 1. Entity Name LCH MANAGEMENT, INC. | |

| | |
|---|---|
| Principal Place of Business 8157 SE DOUBLETREE COURT HOBE SOUND FL 33455 | Mailing Address 8157 SE DOUBLETREE COURT HOBE SOUND FL 33455 |
|---|---|



| | | | |
|---|----------------|---------------------------|----------------|
| 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 |

1st MOORE CR2E034 (10/06)

| | |
|---------------------------------|---|
| 4. FEI Number 65-1021716 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|--|---|
| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 800 S.E. MONTEREY COMMONS BLVD. SUITE 200 STUART FL 34996 | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|---|-------------------|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT HILL, CLINT L JR 8157 SE DOUBLETREE CT HOBE SOUND FL 33455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000615108 02/06/07-80059-001 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVPS HILL, L. CLARKE JR 8157 SE DOUBLETREE COURT HOBE SOUND FL 33455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| |
|--|
| SIGNATURE: <i>L. Clarke Hill</i> L. Clarke Hill 1/29/07 772 283-5931 |
|--|