IS THIS AN AMENDMENT OF A PREVIOUSLY FILED REGISTRATION?

___ Yes

✓ No

IF YES, THIS FORM MUST STILL BE COMPLETELY FILLED OUT, AND A SEPARATE FILING FEE PAID.

Motley Susan P.

Name of Lobbyist (Last) (First) (M.I.)

Greenspoon Marder, P.A.
100 W. Cypress Creek Rd. #900 Ft. Lauderdale, FL 33309

Business Name and Address (Number and Street) (City) (State) (Zip Code)

2360 N.E. 28 St., Lighthouse Point, FL 33064

Residence Address (Number and Street) (City) (State) (Zip Code)

954.527.2412 954-333.4012 susan.motley@gmlaw.com

Telephone Number: Fax Number: Email:

I. Lobbyist Retained by:

LHP Holdings, LLC

Name of Principal/Client:

121 N.W. 3rd Street, Ocala, FL 34475

Business Name and Address (Number and Street) (City) (State) (Zip Code)

352.732.8944 gsimons@savagekrim.com

Telephone Number: Fax Number: Email:

Real Estate

Nature of Business

Fill out this section, if principal is a Corporation, Partnership, or Trust

*Name of Chief Officer, Partner, or Beneficiary:

*Identify all persons holding, directly or indirectly, a 5% or more ownership interest in such corporation, partnership or trust:

II. General and specific subject matter of Lobby Issue(s).

Approvals for Real Dance Studio

III. Specify the extent of any direct business association by the lobbyist with any current elected or appointed official or employee of the City of Lighthouse Point. For the purposes of this Article, the term "direct business association" shall mean any mutual endeavor undertaken for profit or compensation.

None

IV. A lobbyist representing a group, association, or organization shall, prior to engaging in lobbying, receive appropriate authorization from said group, association, or organization to lobby on its behalf upon a particular subject matter. Please provide a copy of the applicable minutes, motion, or other documentation of action.

N/A

V. City Agencies/Individuals to be lobbied:

A. Full Name(s) of Individual/Title(s):

City Commission, Mayor Planning + Zoning Board Members, City administration and staff

B. Any Financial, Familial or Professional Relationship with anyone listed in subpart V (A):

No

VI. Disclosure of terms and amounts of lobbyist compensation (disclose whether hourly, flat rate contingency or other):

"Contingency fee" means a fee, bonus, commission, or nonmonetary benefit as compensation, which is dependent, or in any way contingent on the enactment, defeat, modification, or other outcome of any specific action of the City Commission.

Hourly standard compensation

VII. Signature Under Oath

I do solemnly swear that all of the foregoing facts are true and correct and that I have read or am familiar with the provisions contained in Sections 2-290 – 2-296 of the Code Ordinances of the City of Lighthouse Point and all reporting requirements.

Susan P. Hartley
Signature of Lobbyist

X Gary C. Simons
Signature of Principal/Client

VIII. Signature and Stamp of Notary

Notarization of LOBBYIST signature:

State of Florida
County of Broward

SWORN TO and subscribed before me this 21st day of January 2014.

Norma Jean Sousa
Signature of Notary

X Personally known *or*
___Produced ID _____

NORMA JEAN SOUSA
MY COMMISSION # EE 840712
EXPIRES: December 4, 2016
Bonded Thru Notary Public Underwriters

Notarization of PRINCIPAL'S signature:

State of Florida
County of ~~Broward~~ Marion

SWORN TO and subscribed before me this 17th day of January 2014, by Gary C. Simons, Manager of LHP Holdings, LLC.

Gary C Simons, Manager of LHP Holdings, LLC

Pamela Ann Butcher
Signature of Notary

PAMELA ANN BUTCHER
MY COMMISSION EXPIRES
JULY 18, 2015
Notary
#EE86420
Bonded thru
WESTERN SURETY COMPANY
NOTARY PUBLIC, STATE OF FLORIDA

✓ Personally known *or*
___ Produced ID _____

FOR CLERKS USE ONLY

Annual Registration fee: (✓) YES ( ) NO Amount Paid #100 Date Paid 1/24/14
Lobbyist Registration Form received and verified by: _____