

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013560

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: LEWIS PROPERTIES, LLC

**Current Principal Place of Business:**

2270 FIRST STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2270 FIRST STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 65-1052932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOP FLORIDA PROPERTIES, LLC  
2270 FIRST STREET  
FORT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEIVERS, VICKI  
Address: 2270 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: MILLERSHIP, MARK ANTHONY  
Address: 2270 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: JACKSON, COLIN HENRY  
Address: 2270 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: JACKSON, LORRANIE  
Address: 2270 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: DORMAYER, DORIT  
Address: 2270 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 is true and accurate and that my electronic 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: DORIT DORMAYER

MGRM

02/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date