

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000006984



1. Entity Name
LEMAE OF WPB LLC

Principal Place of Business
**C/O JACK ROSENBERG CPA
 4000 HOLLYWOOD BLVD., #215-5
 HOLLYWOOD, FL 33021**

Mailing Address
**C/O JACK ROSENBERG CPA
 4000 HOLLYWOOD BLVD., #215-5
 HOLLYWOOD, FL 33021**



03092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0746106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHN, ALAN B
 GREENSPOON MARDER, P.A.
 100 W. CYPRESS CREEK RD., STE. 700
 FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
 IN THIS SPACE**

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTMANN, HELEN 652 EAST BEVERWYCH PARAMUS, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENT, NORMAN 21 BIRCHWOOD DRIVE GREAT RIVER, NY 11739
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**DO NOT WRITE
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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.

Alan Cohn

3/9/07