


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
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
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DO NOT WRITE IN THIS SPACE

01292008No Chg-LLC	CR2E083 (12/07)
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

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 02/14/08-80009-018 138.75

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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.

SIGNATURE:  HELLEN ASTMANN 1-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #