

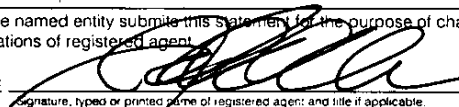
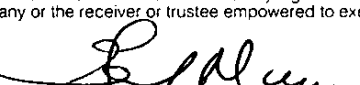


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90023 008 ***138.75

DOCUMENT # L04000025428					
1. Entity Name LEHIGH LANDMARK, LLC					
Principal Place of Business 10901 REED HARTMAN HIGHWAY SUITE 205 CINCINNATI, OH 45242			Mailing Address C/O ROBERT D. ROYSTRON, JR PO DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # 11800 CONREY RD Suite, Apt. #, etc. SUITE 120 City & State CINCINNATI, OH Zip 45249 Country USA		3. Mailing Address C/O JOHN M. WICKER, P.A. Suite, Apt. #, etc. P.O. DRAWER 60205 FORT MYERS, FL 33906 City & State Zip Country			
4. FEI Number 04022008		Chg-LLC		CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street Ad 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City 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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSSARI, GERALD J 10901 REED HARTMAN HWY, STE 205 CINCINNATI, OH 45242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10800 Conrey Road, Suite 120 Cincinnati, OH 45249	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: _____ Daytime Phone #: _____					