

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 15, 2005  
Secretary of State**

DOCUMENT# L04000031875

Entity Name: L.E., LLC

**Current Principal Place of Business:**

16401 RIVER MIST LANE  
ALVA, FL 33920

**New Principal Place of Business:**

**Current Mailing Address:**

16401 RIVER MIST LANE  
ALVA, FL 33920

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

WARE, BARBARA  
16401 RIVER MIST LANE  
ALVA, FL 33920 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: WARE, BARBARA  
Address: 16401 RIVER MIST LANE  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: BARBARA WARE MGR 02/15/2005

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