

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014472

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** NOTES LEHRMAN PROPERTIES, LLC

**Current Principal Place of Business:**

835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 20-2235822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOTES, JOEL S  
835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919 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: MGRM  
Name: NOTES, JOEL S  
Address: 835 S. TOWN AND RIVER DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM  
Name: WANDA, NOTES C  
Address: 835 S. TOWN AND RIVER DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM  
Name: LEHRMAN, WAYNE S  
Address: 2 ROSE ST.  
City-St-Zip: STAFFORD, VA 22554

Title: MGRM  
Name: LEHRMAN, JANE L  
Address: 2 ROSE ST.  
City-St-Zip: STAFFORD, VA 22554

I hereby 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: JOEL S. NOTES

MGRM

03/04/2010

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