2009

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008 2009

FILED
09 APR 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000845

1. Entity Name
THE LEBEN FAMILY LLLP

Principal Place of Business	Mailing Address
6670 ESTERO BLVD. #A-101 FT. MYERS BEACH FL 33931	6670 ESTERO BLVD. #A-101 FT. MYERS BEACH FL 33931

181 MOORE CR2E003 (10/07)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
6670 ESTERO BLVD A101	1700 Pioneer Rd
Suite, Apt. # etc. A101	Suite, Apt. #, etc.
City & State FT Myers Beach, FL	City & State Cedarburg WI
Zip 33931 Country USA	Zip 53012 Country USA

4. FEI Number 65-0826299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEBEN, MARY C 6670 ESTERO BLVD., #A-101 FT. MYERS FL 33931	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ 300150698493
04/16/09--01044--008 **500.00
Signature, typed or printed name of registered agent and title if applicable — Date

FILE NOW!! Fee is $500. * After May 1, 2008, fee will be $600. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	LEBEN, MARY C	CITY-ST-ZIP	
STREET ADDRESS	6670 ESTERO BLVD., #A-101		
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	S. HAWKES
NAME		CITY-ST-ZIP	APR 23 2009
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	REINSTATEMENT	STREET ADDRESS	EXAMINER
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Mary C Leben 3/30/09 262-227-5481

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING GENERAL PARTNER — Date — Telephone Number