## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H31443

FILED Jan 27, 2009 Secretary of State

Entity Name: LEHMAN DEALERSHIP ENTERPRISES, INC.

Current F	rincipal Place	e of Business:	New Principal Place	of Business:
21400 NW MIAMI, FL	/ 2ND AVE . 33169			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
21400 NW MIAMI, FL	/ 2ND AVE . 33169			
FEI Number	r: 59-2497086	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	WILLIAM, JR. / 2ND AVE. . 33169 US			
	e named entity e of Florida.	submits this statement for the բ	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the բ	ourpose of changing its registere	d office or registered agent, or both,
in the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ago		d office or registered agent, or both,  Date
in the Stat SIGNATU	e of Florida.  RE: Electror			
in the Stat SIGNATU Election Ca	e of Florida.  RE: Electror	nic Signature of Registered Ago	ent	Date
in the Stat SIGNATU Election Ca	e of Florida.  RE: Electror  mpaign Financin  S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution ( ). TORS: ) Delete LIAM, JR.,	ent	
in the Stat SIGNATU  Election Ca  OFFICER  Title: Name: Address:	e of Florida.  RE:  Electron  Impaign Financin  S AND DIRECT  DP ( LEHMAN, WILL  21400 NW 2NE  MIAMI, FL	nic Signature of Registered Age g Trust Fund Contribution ( ).  TORS: ) Delete LIAM, JR., D AVE ) Delete IRA M	ADDITIONS/CHANGI Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA ROSENBLATT V 01/27/2009