


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008134		
1. Entity Name LENHARDT AND WICKHAM, LC		
Principal Place of Business 301 VALENCIA CT WINTER GARDEN, FL 34787	Mailing Address 301 VALENCIA CT WINTER GARDEN, FL 34787	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAGILL, PATRICK M 2110 E ROBINSON ST ORLANDO, FL 32803		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LENHARDT, JOYCE 301 VALENCIA CT WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WICKHAM, DEREK 6 ARDILEA WOOD, CLONSBEAGH DUBIN 14 IRELAND,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Joyce Lenhardt</u> Joyce Lenhardt		4/15/06 407-656-8078
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03282006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3666616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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05/02/06-80074-008 50.00