


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90180 037 ****50.00

DOCUMENT # L00000009192 1. Entity Name LENA PROPERTIES, LLC			
Principal Place of Business % G. JOSEPH HARRISON, ESQ. 1206 MANATEE AVE., WEST BRADENTON, FL 34205		Mailing Address % G. JOSEPH HARRISON, ESQ. 1206 MANATEE AVE., WEST BRADENTON, FL 34205	
2. Principal Place of Business 9129 16th AVE. CIR NW Suite, Apt. #, etc.		3. Mailing Address 9129 16th AVE. CIR. N.W. Suite, Apt. #, etc.	
City & State BRADENTON FL Zip 34209 Country USA		City & State BRADENTON FL Zip 34209 Country USA	
4. FEI Number 65-1030361		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, G. JOSEPH 1206 MANATEE AVE., WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name TIMOTHY P. LEHMAN Street Address (P.O. Box Number is Not Acceptable) 9129 16th AVE. CIR. N.W. City BRADENTON FL Zip Code 34209	
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  TIMOTHY P. LEHMAN DATE 2/2/05 <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, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	DIGNITAS, INC.	NAME	
STREET ADDRESS	9129 16TH AVE. CIRCLE NW	STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	CITY - ST - ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	
NAME	MBR PROPERTIES, INC	NAME	
STREET ADDRESS	301 17TH ST, E	STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34208	CITY - ST - ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	GOLDEN GATE CENTER, LLC
CITY - ST - ZIP		CITY - ST - ZIP	9129 16th AVE. CIR. N.W.
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	BRADENTON, FL 34209
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  TIMOTHY P. LEHMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 2/2/05 DAYTIME PHONE # 941-295-7448	