

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012517

Entity Name: LEHMANN EAST, L.L.C.

FILED  
Apr 15, 2007  
Secretary of State

## Current Principal Place of Business:

815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 US

## New Principal Place of Business:

## Current Mailing Address:

815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 US

## New Mailing Address:

FEI Number: 59-3676618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEHMANN, KEITH  
815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 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 ( ) Delete  
Name: LEHMANN, KEITH  
Address: 502 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MEM ( ) Delete  
Name: LEHMANN, CORAZON  
Address: 502 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEHMANN, KEITH  
Address: 502 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: MGRM (X) Change ( ) Addition  
Name: LEHMANN, CORAZON  
Address: 502 RIVIERA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEITH LEHMANN

MGRM

04/15/2007

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