

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012519

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

**FILED**  
**Apr 18, 2010**  
**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: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 US

**Name and Address of New Registered Agent:**

KCI KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN

04/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEHMANN, KEITH  
Address: 815 ORIENTA AVE STE 2020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

I hereby 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

04/18/2010

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