


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90031 002 ****50.00

DOCUMENT # L01000005154	
1. Entity Name LEHAB, L.L.C.	

Principal Place of Business 201 E. PINE ST. #500 ORLANDO, FL 32801	Mailing Address 201 E. PINE ST. #500 ORLANDO, FL 32801
--------------------------------------------------------------------------	--------------------------------------------------------------

20038899

2. Principal Place of Business 201 E. PINE ST. Suite, Apt. #, etc. STE. 500 City & State ORLANDO FLORIDA Zip 32801 Country USA	3. Mailing Address 201 E. PINE ST. Suite, Apt. #, etc. STE. 500 City & State ORLANDO FLORIDA Zip 32801 Country USA
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------



04252006 Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR ESQ GREENSPOON, MARDER, HIRSCHFELD ET AL 201 E. PINE ST. #500 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
-----------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N. DWAYNE JR. 1661 CHEYENNE TRAIL MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: N. Dwayne Gray Jr. MANAGER 4-26-06 407-425-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT 20038899
#601000005154
GREENSPOON MARDER
A PROFESSIONAL ASSOCIATION

From the Desk of:

N. DWAYNE GRAY, JR., ESQ.
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
Phone: (407) 425-6559
Fax: (407) 422-6583
Direct Phone:
Direct Fax:
Email:

April 27, 2006

VIA FEDERAL EXPRESS

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2006 Annual Report Filings

Dear Sir or Madam:

Enclosed please find the following 2006 Annual Report filings:

1. Coleman Properties, LLC with check for \$50.00 filing fee;
2. Lehab, L.L.C. with check for \$50.00 filing fee; and
3. DPM Cheyenne Properties, LLC with check for \$50.00 filing fee.

Thank you for your assistance.

Very truly yours,

GREENSPOON MARDER, P.A.

Jacqueline Lachance, Legal Assistant
For the Firm

Enclosures

www.greenspoonmarder.com
888-491-1120

Locations Throughout Florida

Fort Lauderdale

Orlando

Hollywood

Boca Raton

West Palm Beach