2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005154

1. Entity Name LEHAB, L.L.C.



Principal Place of Business

201 E PINE ST SUITE 500 ORLANDO, FL 32801

REPORTED A STATE OF A STATE OF

Mailing Address

201 E PINE ST SUITE 500

ORLANDO, FL 32801

FILED Apr 11, 2008 08:00 A Secretary of State



04072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	NOT APPLICABLE		Not Applicable
5.	Certificate of Status Desired () **********************************	0	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR ESQ GREENSPOON, MARDER, HIRSCHFELD ET AL 201 E PINE ST., SUITE 500 ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR GRAY, N. DWAYNE JR. 1661 CHEYENNE TRAIL MAITLAND, FL 32751			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
41 I hereby pertify that the information supplied with this filling does not qualify for the eye				

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

M. WWGYE TO MER.

AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER AUTHORIZED REPRESENTATIVE

4/7/08 407-425-6559

Date

Daytime Phone #