

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 035 ****50.00

DOCUMENT # L01000006765**1. Entity Name**
LEHIGH LAND, L.L.C.**Principal Place of Business**
11340 LONGWATER CHASE COURT
FORT MYERS FL 33908-4923**Mailing Address**
11340 LONGWATER CHASE COURT
FORT MYERS FL 33908-4923**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102939

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****BURKARD, STEPHEN A**
11340 LONGWATER CHASE COURT
FORT MYERS FL 33908-4923**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.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS / MANAGERS****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BURKARD, STEPHEN A TRUSTEE
11340 LONGWATER CHASE COURT
FORT MYERS FL 33908-4923
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BURKARD, SONJA K TRUSTEE
11340 LONGWATER CHASE COURT
FORT MYERS FL 33908-4923
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PORTH, GUENTER
AM TEICH 2D
21335 LUENEBURG, GERMANY
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MAY, MICHEAL
LOHMUEHLENWEG 41, 25551 HOHENLOCKSTEDT
GERMANY
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**10. ADDITIONS / CHANGES****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
BURKARD, STEPHEN A. TRUSTEE**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:****SIGNATURE REQUIRED**
BURKARD**APR 12, 2002 (239) 432-9311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)