

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 022 ****50.00

DOCUMENT # L01000008083
 1. Entity Name
 LEHIGH HOLDING COMPANY, L.C.



Principal Place of Business
 6630 ROWAN ROAD
 NEW PORT RICHEY, FL 34653

Mailing Address
 6630 ROWAN ROAD
 NEW PORT RICHEY, FL 34653



2. Principal Place of Business
C/o Reed Development Co
 Suite, Apt. #, etc.
5130 main st, suite
 City & State
New Port Richey, FL

3. Mailing Address
C/o Reed Development Co.
 Suite, Apt. #, etc.
5130 main st, suite 6
 City & State
New Port Richey, FL

02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3738142

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NAPLES-LAWDOCK, INC.
 4501 NORTH TAMiami TRAIL SUITE 300
 NAPLES, FL 34103

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, ROBERT M II 42 WATER OAKS WAY NAPLES, FL 34105 <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
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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]* Date: *4/10/04* Daytime Phone #: *(239) 213-1785*