

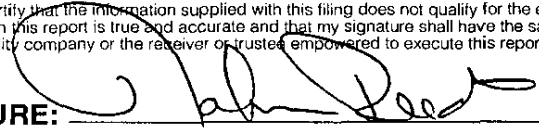


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 <i>C/o Reed Development Co</i> Suite, Apt. #, etc. <i>5130 main St, Suite</i> City & State <i>New Port Richey, FL</i> Zip <i>34652</i> Country <i>PASCO</i>		3. Mailing Address <i>C/o Reed Development Co.</i> Suite, Apt. #, etc. <i>5130 main St, Suite 6</i> City & State <i>New Port Richey, FL</i> Zip <i>34652</i> Country <i>PASCO</i>			
4. FEI Number 59-3738142		02062004 Chg-LLC CR2E083 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 		4/16/04 (23) 213-1785			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			