## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # L01000014836  1. Entity Name L & E REALTY, LLC						04-21-2006	90017 04	2 ****50	0.00
Principal Place of Business 6330 SW 41ST COURT DAVIE, FL 33314		Mailing Address 6330 SW 41ST COURT DAVIE, FL 33314		) ( <b>24</b> (( <b>3</b> )) <b>3</b> )) (			II L <b>e</b> ikk iiiik kii		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe 65-1134				plied For Applicable	
Zip	Country	Zip	Count	v		of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Aq	gent	
				Name					
ANDREW L. MANN, P.A. 4300 N. UNIVERSITY DR., #C-203 FT LAUDERDALE, FL 33351				Street Address (	eet Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	h, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
Fi Di	ling Fee is \$50.00 ue by May 1, 2006								•
D:	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				a Departme		,
9.	ue by May 1, 2006		10. TITLE			Florid	a Departme		☐ Addition
9.	ue <b>by May 1, 2006</b> MANAGING MEMBER	RS/MANAGERS				Florid	a Departme	nt of State	
9.	MANAGING MEMBER		TITLE			Florid	a Departme	nt of State	
9. TITLE NAME	MANAGING MEMBER MGRM GOODGE, ELLYN		TITLE NAME STREE	E		Florid	a Departme	nt of State	
9. IITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GOODGE, ELLYN 6951 SW 58 COURT		TITLE NAME STREE	E ET ADDRESS -ST-ZIP		Florid	a Departme	Change	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM GOODGE, ELLYN 6951 SW 58 COURT	☐ Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florid	a Departme	Change	☐ Addition
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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.

Daytime Phone €