

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90134 002 ****50.00

DOCUMENT # L02000030978					
1. Entity Name L.E.L., LLC					
Principal Place of Business 6505 N.W. 39TH TERRACE BOCA RATON, FL 33496			Mailing Address 6505 N.W. 39TH TERRACE BOCA RATON, FL 33496		
2. Principal Place of Business 35 FAIRGREEN AVE. Suite, Apt. #, etc.		3. Mailing Address 35 FAIRGREEN AVE. Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL.		City & State NEW SMYRNA BEACH, FL.		4. FEI Number 06-1663621	
Zip 32168		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITH, LEE 6505 N.W. 39TH TERRACE BOCA RATON, FL 33496				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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE VPS NAME VARACELLI, LEONARD STREET ADDRESS 340 WINDNASO LN CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE VP NAME VARACELLI, LEONARD STREET ADDRESS 10 BIRDIE DRIVE CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP NAME GONDA, EDWARD G STREET ADDRESS 3531 NW 61ST CIRCLE CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE _____ NAME GONDA, EDWARD G STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GRIFFITH, LEE B STREET ADDRESS 6505 NW 39TH TERRACE CITY-ST-ZIP BOCA RATON, FL 33496	<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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7-27-04 <small>Date</small>		
			<small>Daytime Phone #</small>		