

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000859

**FILED**  
**Jan 23, 2008**  
**Secretary of State**

**Entity Name:** LEHIGH ACRES HOLDINGS, L.L.C.

**Current Principal Place of Business:**

6249 PRESIDENTIAL CT.  
C  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6249 PRESIDENTIAL CT.  
C  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 43-1992478      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUMFLEET, STEPHEN A  
6249 PRESIDENTIAL CT.  
C  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HUMFLEET, STEPHEN A  
Address: 6249 PRESIDENTIAL CT. SUITE C  
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGR      ( ) Delete  
Name: HUMFLEET, DAWN M  
Address: 6249 PRESIDENTIAL CT. SUITE C  
City-St-Zip: FT. MYERS, FL 33919 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN A. HUMFLEET

MGR

01/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date