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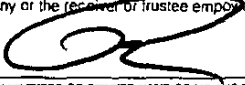
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY -4 PM 3:43

 STATE OF FLORIDA
TALLAHASSEE
34004374

MJJH

DOCUMENT # L03000012138					
1. Entity Name LEA I, LLC					
Principal Place of Business 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308			Mailing Address 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308		
2. Principal Place of Business 1701 HERMITAGE BLVD.			3. Mailing Address 1701 HERMITAGE BLVD.		
Suite, Apt. #, etc. SUITE 202			Suite, Apt. #, etc. SUITE 202		
City & State TALLAHASSEE, FL			City & State TALLAHASSEE, FL		
Zip 32308	Country USA	Zip 32308	Country USA	4. FEI Number 04052004 Chg-LLC CR2E083 (10/03) 54	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PARRISH, ROBERT R JR 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1701 HERMITAGE BLVD. SUITE 202 City TALLAHASSEE FL Zip Code 32308		
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 reappointing) 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 PARRISH, ROBERT R JR 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HERMITAGE BLVD. SUITE 202 TALLAHASSEE FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUDNICK, JAMEST M 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HERMITAGE BLVD. SUITE 202 TALLAHASSEE, FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					