L03000012138

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 MAY -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA
34004374

MLH

DOCUMENT # L03000012138

1. Entity Name
LEA I, LLC

Principal Place of Business	Mailing Address
2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308	2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308

2. Principal Place of Business	3. Mailing Address
1701 HERMITAGE BLVD.	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

04052004 Chg-LLC CR2E083 (10/03) 54

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRISH, ROBERT R JR 2282 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	100033801841 04/26/04--01010--025 **711.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 #