2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020931

1. Entity Name

LEQ REAL ESTATE I, LLC



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

10165 NW 19TH ST MIAMI, FL 33172 Mailing Address

10165 NW 19TH ST MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

	IIII BAITA YARX BAYIN YAINA IIINI KIDDAL III ITAI	
04182007 No Chg-LLC	CR2E083 (11/05)	

4. FEI Number Applied For Status Desired Status Desired Status Desired Applied For Not Applicable Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANUACINIC MEMBERS MANUACERS

EASTON, EDWARD J 10165 NW 19TH ST MIAMI, FL 33172

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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.	

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

L	7.	WANAGING MEMBERS/MANAGERS	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EASTON, EDWARD J 10165 NW 19 STREET MIAMI, FL 33172	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CHY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY+ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	THLE NAME STREET ADDRESS CITY+ST-ZIP		
ı	11. I hereby certify that the information supplied with this filing does not qualify for the ex		

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

Edward 7. Eas

Whale:

(305)593-222

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #