

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031832

FILED
Jan 10, 2006
Secretary of State

Entity Name: LEHIGH HOME INVESTMENT, LLC

Current Principal Place of Business:

322 GUNNERY ROAD SOUTH, STE A
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

322 GUNNERY ROAD SOUTH, STE A
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 37-1474236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZ, JON
322 GUNNERY ROAD SOUTH, STE A
LEHIGH ACRES, FL 33971 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: KUNZ, JONATHAN
Address: 1313 STADLER DRIVE
City-St-Zip: FT. MYERS, FL 33901

Title: MGR () Delete
Name: FURY, GLENN J
Address: 19321 TURKEY RUN LN.
City-St-Zip: ALVA, FL 33920

Title: MGR () Delete
Name: DELACRUZ, GUADALUPE
Address: 3680 FT. DENAUD RD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUNZ, JONATHAN
Address: 1130 VESPER DR
City-St-Zip: FT. MYERS, FL 33901

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 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: JONATHAN KUNZ

MGR

01/10/2006

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