

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 09, 2006 8:00 am
Secretary of State**

01-09-2006 90056 001 ***100.00

DOCUMENT # L03000034897



1. Entity Name
LEWARD NEW HAMPSHIRE, L.L.C.

Principal Place of Business
1830 EAST SANDPOINTE LANE
VERO BEACH, FL 32963

Mailing Address
1830 EAST SANDPOINTE LANE
VERO BEACH, FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

LEA, JEFFREY
1830 EAST SANDPOINTE LANE
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR Delete
NAME LEA, JEFFREY
STREET ADDRESS 247 SPRING-LINE DR.
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1830 EAST SANDPOINTE LANE

Change Addition

TITLE MGR Delete
NAME LEA, PATRICIA
STREET ADDRESS 247 SPRING-LINE DR.
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1830 EAST SANDPOINTE LANE

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Jeffrey LEA

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

1/05/06 772-234-5377

Date

Daytime Phone #