


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90314 037 ****50.00

DOCUMENT # L04000015874	
1. Entity Name LEWIS REAL ESTATE HOLDINGS, LLC	

Principal Place of Business 800 NORTH FERNCREEK AVENUE ORLANDO, FL 32803 US	Mailing Address 800 NORTH FERNCREEK AVENUE ORLANDO, FL 32803 US
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2. Principal Place of Business 424 E. CENTRAL BLVD	3. Mailing Address 424 E. CENTRAL BLVD
Suite, Apt. #, etc. SUITE 123	Suite, Apt. #, etc. SUITE 123
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32801	Country USA



05232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0080827	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, JOHN G 800 NORTH FERNCREEK AVENUE ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE *John G Pierce* **John G Pierce** DATE *5/23/05*
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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNCO PROPERTIES, INC. 800 NORTH FERNCREEK AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brian Koenig* **BRIAN KOENIG** DATE *5/23/2005* 407 402-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #