

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018574

1. Entity Name
LENTEJA MANAGEMENT, LLC



Principal Place of Business
COMMERCE TRUST COMPANY
220 ALHAMBRA CIR, 11 FL
CORAL GABLES, FL 33134

Mailing Address
COMMERCE TRUST COMPANY
220 ALHAMBRA CIR, 11 FL
CORAL GABLES, FL 33134

ACCOUNTS PAYABLE DEPT.
2007 FEB 12 P 3 28
RECEIVED



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCE TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/26/07-90309-009-\$55.00

**DO NOT WRITE
IN THIS SPACE**

FILED
2007 MAR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 1) Commercebank Trust Company, N.A. as Manager 2) [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1) Authorized Signature 2) Authorized Signature