2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000018574

LENTEJA MANAGEMENT, LLC

Principal Place of Business COMMERCE TRUST COMPANY

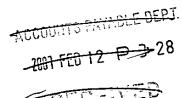
220 ALHAMBRA CIR, 11 FL

CORAL GABLES, FL 33134

Mailing Address

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







DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For X 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

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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.

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 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

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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 reported by Chapter 608, Florida Statutes.

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Commercebank Trust Company,

1) Authorized Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SI

2) Authorized Signature

1-5-2007 (305) 441-5555 Daytime Phone #