# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 15, 2005**
**Secretary of State**

DOCUMENT# L04000034407

**Entity Name:** LEHIGH-LEE, LLC

**Current Principal Place of Business:**

C/O MICHAEL HAGEN
PO BOX 6808
FORT MYERS, FL 33911

**New Principal Place of Business:**

C/O MICHAEL HAGEN
PO BOX 07463
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O MICHAEL HAGEN
PO BOX 6808
FORT MYERS, FL 33911 US

**New Mailing Address:**

C/O MICHAEL HAGEN
PO BOX 07463
FORT MYERS, FL 33919 US

**FEI Number: 20-1104269** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HAGEN, MICHAEL S
4622 SIESTA CIRCLE
FORT MYERS, FL FL 33901 US

**Name and Address of New Registered Agent:**

HAGEN, MICHAEL S
6385 PRESIDENTIAL CT
#202
FORT MYERS, FL FL 33901 US

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: _____ 09/15/2005
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: HAGEN, MICHAEL S
Address: PO BOX 6808
City-St-Zip: FORT MYERS, FL 33911 US

Title: MGRM ( ) Delete
Name: HAGEN, WARREN E
Address: 8945 CROWN BRIDGE WAY
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: HAGEN, MICHAEL
Address: PO BOX 07463
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Change ( ) Addition
Name: HAGEN, WARREN E
Address: 9371 TRIANA TERRACE #4
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL S HAGEN MGRM 09/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date