


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90035 001 \*\*\*\*50.00

<b>DOCUMENT # L04000034407</b> 1. Entity Name LEHIGH-LEE, LLC	
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60030600

Principal Place of Business C/O MICHAEL HAGEN PO BOX 07463 FORT MYERS, FL 33919	Mailing Address C/O MICHAEL HAGEN PO BOX 07463 FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box # <b>6249 Presidential Court Ste F Fort Myers, FL 33919 US</b>	3. Mailing Address <b>6249 Presidential Court Ste F Fort Myers, FL 33919 US</b>
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03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1104269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGEN, MICHAEL S 6385 PRESIDENTIAL CT #108 FORT MYERS, FL FL 33-901	7. Name and Address of New Registered Agent Name Michael S. Hagen Street Address 6249 Presidential Court Ste F Fort Myers, FL 33919 City 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 the registered agent.

SIGNATURE Michael S. Hagen, Managing Member DATE 3/27/07

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGEN, MICHAEL PO BOX 07463 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MSH</u> Michael S. Hagen 6249 Presidential Court Ste F Fort Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGEN, WARREN E 9371 TRIANA TERRACE #4 FORT MYERS, FL 33912 <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
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
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
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

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.

Michael S. Hagen, Managing Member

239-275-0808

**SIGNATURE:**

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

Daytime Phone #