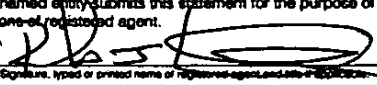


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 22, 2005 8:00 am
Secretary of State

04-04-2005 90422 014 ****55.00

DOCUMENT # L04000039451			
1. Entity Name LENA PLACE, L.L.C.			
Principal Place of Business 608 IXORA AVE ELLENTON, FL 34222		Mailing Address 608 IXORA AVE ELLENTON, FL 34222	
2. Principal Place of Business 7282 55th Ave E		3. Mailing Address 7282 55th Ave E	
Suite, Apt. #, etc. Suite 191		Suite, Apt. #, etc. Suite 191	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34203	Country	Zip 34203	Country
4. FEI Number 20-1180912		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, ROBERT J 608 IXORA AVE ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name Robert J. Martin Street Address (P.O. Box Number is Not Acceptable) 7282 55th Ave E Suite 191 City Bradenton FL Zip Code 34203	
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  Robert J. Martin DATE 4/1/05 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR MARTIN, ROBERT J 608 IXORA AVE ELLENTON, FL 34222	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Robert J. Martin 7282 55th Ave E, Ste 191 Bradenton, FL 34203	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  Robert J. Martin, MGR DATE 4/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			