2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-04-2005 90422 014 ****55.00

04012005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000039451

1. Entity Name
LENA PLACE, L.L.C.

Principal Place of Business	Mailing Address
608 IXORA AVE ELLENTON, FL 34222	608 IXORA AVE ELLENTON, FL 34222

2. Principal Place of Business	3. Mailing Address
7282 55th Ave E	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	7. Name and Address of New Registered Agent
MARTIN, ROBET J 608 IXORA AVE ELLENTON, FL 34222	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 [signature] Robert J. Martin 4/1/05
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, 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	MGR Robert J. Martin 7282 55th Ave E, Ste 191 Bradenton, FL 34203	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] Robert J. Martin, MGR 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #