

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043886

FILED
Feb 28, 2009
Secretary of State

Entity Name: LEMER PAX, LLC

Current Principal Place of Business:

21218 ST. ANDREWS BLVD, #311
BOCA RATON, FL 33433

New Principal Place of Business:

21218 ST. ANDREWS BLVD,
311
BOCA RATON, FL 33433

Current Mailing Address:

21218 ST. ANDREWS BLVD, #311
BOCA RATON, FL 33433

New Mailing Address:

21218 ST. ANDREWS BLVD,
311
BOCA RATON, FL 33433

FEI Number: 20-3287826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE BOUCAUD, XAVIER MR
21218 ST. ANDREWS BLVD. #311
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

DE BOUCAUD, XAVIER MR
624 SW ST LUCIE CRESCENT
404
STUART, FL 34994 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:

02/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMER, PIERRE-MARIE
Address: 49 AVE. CAMUS
City-St-Zip: NANTES, FR 44000 FR

Title: MGRM () Delete
Name: DE BOUCAUD, XAVIER
Address: 21218 ST. ANDREWS BLVD. #311
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DE BOUCAUD, XAVIER
Address: 624 SW ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: XAVIER DE BOUCAUD

MGRM

02/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date