



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90094 036 \*\*\*\*50.00

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| <b>DOCUMENT # L04000064737</b>   |   |  |  |   |   |
| <b>1. Entity Name</b><br>LECONTE LAND INVESTMENTS, LLC   |   |  |  |  |   |
| <b>Principal Place of Business</b><br>905 BALSAMINA DRIVE<br>BRANDON, FL 33510   |   |  | <b>Mailing Address</b><br>905 BALSAMINA DRIVE<br>BRANDON, FL 33510 |  |   |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>  |  |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |   |
| City & State   |   | City & State   |  |  |   |
| Zip  |   | Zip  |  |  |   |
| <b>4. FEI Number</b>   |   |  |  | 04222005    Chg-LLC    CR2E083 (10/03)   |   |
| 20-1637969   |   |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable    |   |
| <b>5. Certificate of Status Desired</b>  |   |  |  | <input type="checkbox"/> \$5.00 Additional Fee Required                            |   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                 |  |   |
| FRIEDMAN, DAVID A<br>905 BALSAMINA DRIVE<br>BRANDON, FL 33510  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |   |
| FL   |   |  | Zip Code   |  |   |
| <b>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.</b>   |   |  |  |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |  |  |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>                                       |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FRIEDMAN, DAVID A<br>905 BALSAMINA DRIVE<br>BRANDON, FL 33510    | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FRIEDMAN, CAROL ANNE<br>905 BALSAMINA DRIVE<br>BRANDON, FL 33510 | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |  |  |  |   |
| <b>SIGNATURE:</b> <i>David A Friedman</i>  |   |  | 4/27/05    813 643-5495  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date    Daytime Phone #  |  |   |