


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 040 ****50.00

DOCUMENT # L04000072075	
1. Entity Name LEF ENTERPRISES, LLC	

Principal Place of Business C/O LARRY J. FAIRCHILD 6925 LAKE EAGLEBROOK DRIVE LAKELAND FL 33813	Mailing Address C/O LARRY J. FAIRCHILD 6925 LAKE EAGLEBROOK DRIVE LAKELAND FL 33813
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2. Principal Place of Business - No P.O. Box # 8401 Marina Drive	3. Mailing Address 8401 Marina Dr
Suite, Apt. #, etc. 7	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Holmes Beach, FL	City & State Holmes Beach, FL
Zip 34217	Zip 34217
Country USA	Country USA

4. FEI Number 20-1720183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, MARK G 255 MAGNOLIA AVENUE, S.R. WINTER HAVEN FL 33883

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRCHILD, LARRY J 6925 LAKE EAGLEBROOK DRIVE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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.

SIGNATURE: <u>Larry J Fairchild</u>	3/27/07	941-778-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		