


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

01-18-2006 90004 018 ****50.00

DOCUMENT # L04000080632

1. Entity Name
LENOMY, LLC



Principal Place of Business 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160	Mailing Address 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160
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30003738



2. Principal Place of Business 19707 Turnberry Way Suite, Apt. #, etc. Apt 26F City & State Aventura Fl Zip 33180 Country	3. Mailing Address 19707 Turnberry Way Suite, Apt. #, etc. Apt 26F City & State Aventura Fl Zip 33180 Country
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01092008 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR 204521855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

RICHARD A. ARONSKY, P.A.
 17100 COLLINS AVENUE
 SUITE 205-206
 SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAGEGE, SALOMON A 19707 TURNBERRY WAY #26-F AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 Chapter 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:  **1/9/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #