

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085265

Entity Name: LESTER, LLC

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

30160 LINDA STREET
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 432036
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 20-1919414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESTER, SHARON LEE
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGR () Delete
Name: LESTER, DAVID A
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGR () Delete
Name: BROCK, WILLIAM F III
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: S () Delete
Name: BROCK, ROBERT E
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: T () Delete
Name: LESTER, SHARON LEE
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES:

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

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

Title: COMG (X) Change () Addition
Name: BROCK, WILLIAM F III
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: COMG (X) Change () Addition
Name: BROCK, ROBERTA E
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

Title: SEC (X) Change () Addition
Name: LESTER, SHARON LEE
Address: 30160 LINDA STREET
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON LEE LESTER

MGR

07/07/2005

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