


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000005366 1. Entity Name L.E. & ASSOCIATES, LLC.	
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Principal Place of Business 4475 U.S. 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086	Mailing Address 4475 U.S. 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086
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01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1242745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINS, ELIZABETH 4475 U.S. 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000535275
01/23/07-80033-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYLOR, LARRY 2815 MADRID AVE. EAST JACKSONVILLE, FL 32213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINS, ELIZABETH P.O. BOX 585 ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #