

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005366

Entity Name: L.E. & ASSOCIATES, LLC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

4475 U.S. 1 SOUTH  
SUITE 504  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

4475 U.S. 1 SOUTH  
SUITE 504  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 65-1242745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINS, ELIZABETH  
4475 U.S. 1 SOUTH  
SUITE 504  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

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: MGRM ( ) Delete  
Name: PAYLOR, LARRY  
Address: 2815 MADRID AVE. EAST  
City-St-Zip: JACKSONVILLE, FL 32213

Title: MGR ( ) Delete  
Name: ROBINS, ELIZABETH  
Address: P.O. BOX 585  
City-St-Zip: ST. AUGUSTINE, FL 32085

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIZABETH ROBINS

MGR

02/06/2009

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