## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 24, 2006 8:00 am Secretary of State 01-30-2006 90149 043 \*\*\*\*50.00

DOCU  1. Entity Narr LEBO PR	10	# L05000040 ES, LLC	490						
Principel Place of Business 308 CEDAR LAKES DRIVE CHESAPEAXE, VA 23322			Mailing Address 308 CEDAR LAKES DRIVE CHESAPEAKE, VA 23322		30001044				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01232006	Chg-LLC CR2E	E083 (11/05)		
City & State			City & State		4. FEI Numb	2938127	<del></del>	oplied For x Applicable	
Zip	Country		Zip	Country		Certificate of Status Desired			
		and Address of Current	Registered Agent			7. Name an	Address of New Registered	l Agent	
					Name				
	TH FEDER	HER J ESQ. RAL HIGHWAY			Street Address (	(P.O. Box Numb	er is Not Acceptable)		
FORT LAUDERDALE, FL 33308									]
1					City		F	L Zip Cood	6
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	Signeture, typed	or printed name of registered agent	and title if explicable. (NO	it: Registere	d Agent signature requires	d when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2006							Make check Florida Departs		B .
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHANGE	9	
ntué	MGRM		☐ Dateta	TITL			700070	☐ Change	Addition
NAME	KINSER, I	ROBERT R		NUA	£				
STREET ADDRESS CITY+ST-ZIP		R LAKES DRIVE EAKE, VA 23322			ET ADDRESS -S1-ZIP				}
mı		36.	☐ Deleto	1071	:	*-		[] Change	Addition
NAME	ļ	•		NAM	•			<del>-</del>	
STREET ADDRESS CITY-ST-ZIP		•			ET ADORESS •ST•ZIP				
TITLE NAME			☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS				STRE	ET ADDRESS				ļ
CITY-ST-ZIP				ĊſĬŶ	-51-20				
TITLE	<del></del>	<del></del>	Deleta	Inu	·			— ⊡ Change ~	- Addition
NAME STREET ADDRESS				NAM	ET ADORESS				
CITY-ST-ZIP									]
				CITY	-ST-ZIP				
TITLE			☐ Defeta	тпы		,		Change	Addition
NAME .			☐ Deteta	TITL	E E	<del></del>		Change	Addition
l			☐ Deteis	TITLE NAME STRE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STRE	E E ET ADDRESS -ST-ZIP				
NAME STREET ADDRESS			☐ Defeta	TITLE NAME STRE CITY	E E ET ADDRESS -ST-ZIP			Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE				TITLI MALE STRE CITY TITLI KAM STRE	E E ET ADDRESS -ST-ZIP				
NAME SIREFI ADDRESS CITY-ST-ZIP TITLE NAME SIREFI ADDRESS CITY-ST-ZIP 11. I hereby indicates	on this reco	n is true and accurate and	Delete this filing does not qualify to that my signature shall have	STREE CITY TITLE KAM STREE CITY OF the exe	E E ET ADDRESS -S1-ZIP E ET ADDRESS -S1-ZIP ert ADDRESS -S1-ZIP morptions contained to legal effect as if in	nade under oat	. Floride Statutes. I further cert r; that I am a managing memi	Change	Addition
NAME SIREFI ADDRESS CITY-ST-ZIP TITLE NAME SIREFI ADDRESS CITY-ST-ZIP 11. I hereby indicates	on this reco	n is true and accurate and	□ Delete	STREE CITY TITLE KAM STREE CITY OF the exe	E E ET ADDRESS -S1-ZIP E ET ADDRESS -S1-ZIP ert ADDRESS -S1-ZIP morptions contained to legal effect as if in	nade under oat ster 608, Florida	n; that I am a managing memi	Change  Other ch	Addition



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

LEBO PROPERTIES, LLC 308 CEDAR LAKES DRIVE CHESAPEAKE, VA 23322

Subject: LEBO PROPERTIES, LLC

Reference Number:

L05000040490

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION