


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90159 047 \*\*\*138.75

<b>DOCUMENT # L05000043021</b>	
1. Entity Name <b>LEMON AVENUE PROPERTIES, LLC</b>	

Principal Place of Business <b>47 S. PALM AVENUE SARASOTA, FL 34236</b>	Mailing Address <b>PO BOX 667 BRYAN, OH 43506</b>
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**30000704**

2. Principal Place of Business - No P.O. Box # <b>1480 Main St</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Sarasota FL</b>	City & State
Zip <b>34236</b>	Country



05222008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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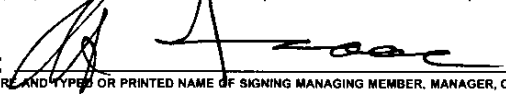
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ISAAC GROUP HOLDINGS, LLC, A DE LLC 47 S. PALM AVENUE SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **5/22/08**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #