


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-19-2006 90022 028 ****50.00

DOCUMENT # L05000046374

1. Entity Name
FIRST LEHIGH PROPERTIES LC



Principal Place of Business
**56 CORNWALL LANE
 PORT WASHINGTON, NY 11050 US**

Mailing Address
**56 CORNWALL LANE
 PORT WASHINGTON, NY 11050 US**

30007556



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **124424125** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**THE DORAGH LAW FIRM, P.L.
 7800 UNIVERSITY POINTE DRIVE
 SUITE 100
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
Florida Department of State

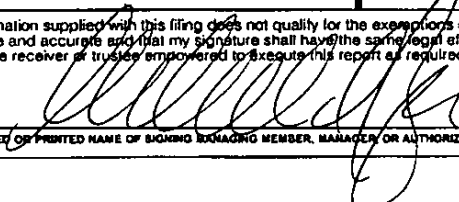
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORGES, MICHAEL A 56 CORNWALL LANE PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date **5/5/06** Daytona Phone # **516883 3783**

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

ATTACHMENT
30007556

May 5 2006
First Lehigh Properties LLC

MICHAEL A. PORGES
56 CORNWALL LANE
PORT WASHINGTON, NEW YORK 11050
PHONE: 516-883-3783
CELL: 917-495-5452
FAX: 516-883-3782

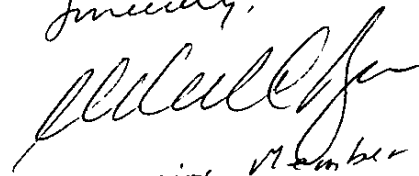
Florida Dept of State
PO Box 6478
Tallahassee Florida 32314

Dear Florida Dept of State,

I have attached the completed 2006 Limited Liability
Company Annual Report. Please complete my
filing.

Thank you,

Sincerely,



Managing Member

First Lehigh Properties LLC