


-2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 011 ***143.75

DOCUMENT # L05000046374

1. Entity Name
FIRST LEHIGH PROPERTIES LC



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/07)

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 *The DORAGH LAW FIRM, P.L.*
 Street Address (P.O. Box Number is Not Acceptable) *7051 Cypress Terrace, Suite 112*
Rica
 City *FORT MYERS* **FL** Zip Code *33907*

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 *[Signature]* *Michael A. Porges Managing Member* *3/6/08*
(NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* *Michael A. Porges* *3/6/08* *516883 3783*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #