

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080218

Entity Name: HENRICKS LEHIGH, LLC

FILED
Aug 29, 2006
Secretary of State

Current Principal Place of Business:

1211 CLEBUME DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

1211 CLEBURNE DRIVE
FT. MYERS, FL 33919

Current Mailing Address:

1211 CLEBUME DRIVE
FT. MYERS, FL 33919

New Mailing Address:

1211 CLEBURNE DRIVE
FT. MYERS, FL 33919

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: HENRICKS, DOUGLAS G
Address: 1211 CLEBUME DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENRICKS, DOUGLAS G
Address: 1211 CLEBURNE DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM () Change (X) Addition
Name: HENRICKS, KATHERINE A
Address: 1211 CLEBURNE DRIVE
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS G HENRICKS

MGR

08/29/2006

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