

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088133

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: LEAMAK HOME INVESTMENT LLC

**Current Principal Place of Business:**

322-A GUNNERY RD. SOUTH  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

322-A GUNNERY RD. SOUTH  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 56-2547744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUNZ, JONATHAN D  
322-A GUNNERY RD. SOUTH  
LEHIGH ACRES, FL 33971 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: MGRM ( ) Delete  
Name: KUNZ, JONATHAN D  
Address: 3876 HIDDEN ACRES CIRCLE N  
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM ( ) Delete  
Name: LEAMAN, DANIEL L  
Address: 5637 WHISPERWOOD BLVD. #601  
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete  
Name: HOUGHTON, MAHLAN  
Address: 3445 AVOCADO DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: MINOTT, ALLEN  
Address: 8600 PENZANCE BLVD.  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN KUNZ

MGRM

04/01/2008

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