## 2007 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Jan 26, 2007 08:00 AM Secretary of State DOCUMENT # L05000114139 1. Entity Name LEHIGH ACRES LAND COMPANY, LLC Principal Place of Business Mailing Address 17170 WHITE HEAVEN DR P.O. BOX 1212 BOCA RATON, FL 33496 LOXAHATCHEE, FL 33470 US 01222007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 33-1127276 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLIFFORD I. HERTZ, P.A. DO NOT WRITE ONE NORTH CLEMATIS STREET SUITE 500 IN THIS SPACE WEST PALM BEACH, FL 33401 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, 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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGUM, E. WAYNE 6900 SO. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

Applied For

Not Applicable

DO NOT WRIT

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE