


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90031 046 \*\*\*\*55.00

<b>DOCUMENT # L06000007394</b>					
<b>1. Entity Name</b> LEWIS REAL PROPERTY, LLC					
<b>Principal Place of Business</b> 8869 PASEO DE VALENCIA ST. FORT MYERS, FL 33908			<b>Mailing Address</b> 8869 PASEO DE VALENCIA ST. FORT MYERS, FL 33908		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 71-1007594	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LEWIS, ESMOND J 4635 DEL PRADO BLVD. S. CAPE CORAL, FL 33904			<b>7. Name and Address of New Registered Agent</b> Name <u>Esmond J. Lewis</u> Street Address (P.O. Box Number is Not Acceptable) <u>8869 Paseo De Valencia St.</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33908</u>		
<b>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.</b> SIGNATURE <u>Esmond J. Lewis</u> <u>Esmond J. Lewis</u> <u>4-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, ESMOND J 8869 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, ALDITH M 8869 PASEO DE VALENCIA ST. FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Esmond J. Lewis</u> <u>Esmond J. Lewis</u> <u>4-13-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-13-07</u> Daytime Phone # <u>(239)466-4191</u>		

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