### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L06000011335

1. Entity Name

LENARD POWELL PROPERTIES, L.L.C.



FILED
May 15, 2008 08:00 AN
Secretary of State

Principal Place of Business

4418 CR 124A

WILDWOOD, FL 34785

Mailing Address

4418 CR 124A

WILDWOOD, FL 34785



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03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, LENARD L 4418 CR 124A WILDWOOD, FL 34785

# DO NOT WRITE IN THIS SPACE

| <ol><li>The above na</li></ol> | med entity submits this statement f | or the purpose of changing its regis | stered office or registered age | nt, or both, in the State of Florida. | I am familiar with, and accept |
|--------------------------------|-------------------------------------|--------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| the obligations                | s of registered agent.              |                                      |                                 |                                       |                                |
|                                |                                     |                                      |                                 |                                       |                                |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

DATE

### FILE NOW!!! FEE IS \$138.75

| 9.                                    | MANAGING MEMBERS/MANAGERS                            |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POWELL, LENARD L 4418 CR 124A WILDWOOD, FL 34785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |

U00000951212 06/04/08-80025-001 538.79

## DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

V 5-12-08 V 352-748-

Daytime Phone