


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 047 ***143.75

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| DOCUMENT # L06000012395 | | | |  | |
| 1. Entity Name LEHMAN FAMILY ENTERPRISES, LLC | | | | | |
| Principal Place of Business 129 N.W. 13TH STREET, SUITE D-26 BOCA RATON, FL 33432 | | | Mailing Address 129 N.W. 13TH STREET, SUITE D-26 BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WHITE, RONALD C ESQ. 5348 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710 | | | Name <i>FREDERICK M. LEHMAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>1861 S.W. 67TH TERRACE</i> City <i>PLANTATION</i> FL Zip Code <i>33317</i> | | |
| 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 <i>[Signature]</i> <i>FREDERICK M. LEHMAN</i> | | | DATE <i>4/9/08</i> | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEHMAN, FREDERICK 129 N.W. 13TH STREET, SUITE D-26 BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> <i>FREDERICK M. LEHMAN</i> <i>4/9/08 (561)395-3333</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |



03182008 Chg-LLC CR2E083 (12/06)