

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017203

Entity Name: LEN CODELLA, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2201 S. CARNEGIE DRIVE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

C/O DIANE COHEN, P.A.
111 W. MAIN STREET
INVERNESS, FL 34450

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAW OFFICE OF DIANE COHEN, P.A.
111 W. MAIN STREET
INVERNESS, FL 34450 US

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: CODELLA, LEONARD V
Address: 2201 S. CARNEGIE DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: MGRM () Delete
Name: CODELLA, CAROL
Address: 2201 S. CARNEGIE DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: MGRM () Delete
Name: CODELLA, DAVID
Address: 26666 PLAYERS CIRCLE
City-St-Zip: LUTZ, FL 33549

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:

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: L CODELLA

MGMR

05/01/2007

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