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Mar 29, 2007 8:00 am
Secretary of State
03-16-2007 90153 049 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000052531

1. Entity Name
LEHIGH INDUSTRIAL PROPERTY, LLC

Principal Place of Business	Mailing Address
2960 SOUTH MCCALL ROAD, SUITE 210 ENGLEWOOD, FL 34224	2960 SOUTH MCCALL ROAD, SUITE 210 ENGLEWOOD, FL 34224

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1560 MATTHEW DRIVE	1560 MATTHEW DRIVE
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc SUITE B
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33907 –	Zip 33907 –
Country	Country

03092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4802684
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MANUEL 1560 MATTHEW DR., STE. B FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Manuel Garcia 3/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RECKNOR, TERRI 2709 CYPRESS MANOR WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NIKOMAS PROPERTIES, LLC P.O. BOX 2960 BOCA GRANDE, FL 33921	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GPTK OF FLORIDA, LLC 1560 MATTHEW DR., STE. B FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: Manuel Garcia 3/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date