

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109825

FILED
Aug 21, 2007
Secretary of State

Entity Name: LESCH ENTERPRISES LLC

Current Principal Place of Business:

3002 WEYMOUTH COURT
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

3002 WEYMOUTH COURT
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-8299500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 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: MGR () Delete
Name: LESCH, SHELBY
Address: 3002 WEYMOUTH COURT
City-St-Zip: APOPKA, FL 32703 US

Title: MGR () Delete
Name: LESCH, TRACY
Address: 3002 WEYMOUTH COURT
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LESCH, SHELBY A
Address: 3002 WEYMOUTH COURT
City-St-Zip: APOPKA, FL 32703 US

Title: MGR (X) Change () Addition
Name: LESCH, TRACY C
Address: 3002 WEYMOUTH COURT
City-St-Zip: APOPKA, FL 32703 US

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: SHELBY A LESCH

MGR

08/21/2007

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