2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000110473

Entity Name: LEBEAU APARTMENTS, LLC

Current Principal Place of Business:

1625 SHARON WAY
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1625 SHARON WAY
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-5896409 **FEI Number Applied For ( )** **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:

KINCAID, MICHELLE
1625 SHARON WAY
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MICHELLE KINCAID,
Address: 1625 SHARON WAY
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM ( ) Change (X) Addition
Name: LESLIE JACOBS,
Address: 2786 COUNTRYSIDE BLVD. #2
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM ( ) Change (X) Addition
Name: JILL RENDE,
Address: 324 CARL AVE.
City-St-Zip: BELLEAIR, FL 33756 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: MICHELLE KINCAID MGRM 05/02/2007

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