2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L07000087620

Entity Name: LEFILS PROPERTY, LLC

Current Principal Place of Business:

1599 N. HWY 415
NEW SMYRNA BEACH, FL 32764 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
OSTEEN, FL 327640066 US

New Mailing Address:

161 E ROSE AVE
ORANGE CITY, FL 32763 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFILS, GREGORY W
161 EAST ROSE AVENUE
ORANGE CITY, FL 32763 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: MGRM ( ) Delete
Name: LEFILS, DONALD F
Address: P.O. BOX 66
City-St-Zip: OSTEEN, FL 327640066 US

Title: MGRM ( ) Delete
Name: LEFILS, MARY E
Address: P.O. BOX 66
City-St-Zip: OSTEEN, FL 327640066 US

ADDITIONS/CHANGES:

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: GREGORY W LEFILS RA 01/18/2008

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