

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088767

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: LG & SZ HOLDING, L.L.C.

**Current Principal Place of Business:**

2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914

**New Mailing Address:**

15930 KNIGHTSBERIDGE CT  
FORT MYERS, FL 33908

FEI Number: 26-0810848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, CHRISTINE F ESQ.  
2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914 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: MGR ( ) Delete  
Name: LEIENDECKER, GUIDO  
Address: 8843 TROPICAL COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete  
Name: ZEILER, STEFAN  
Address: 8843 TROPICAL COURT  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEIENDECKER, GUIDO  
Address: 15930 KNIGHTSBRIDGE CT  
City-St-Zip: FORT MYERS, FL 33908

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: LEIENDECKER, RUTH

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03/10/2008

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