

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034387

FILED
May 27, 2009
Secretary of State

Entity Name: LEHIGH/MEADOWS EDGE, LLC

Current Principal Place of Business:

1401 MIDDLE GULF DRIVE, #404N
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

1401 MIDDLE GULF DRIVE, #404N
SANIBEL, FL 33957

New Mailing Address:

182 WEST CENTRAL STREET
SUITE 303
NATICK, MA 01760 US

FEI Number: 26-2741005 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:

FRANCHI, PASQUALE
1401 MIDDLE GULF DRIVE, #404N
SANIBEL, FL 33957 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: FRANCHI, PASQUALE
Address: 182 WEST CENTRAL STREET, #303
City-St-Zip: NATICK, MA 01760

Title: MGRM () Delete
Name: FRANCHI, LOUIS S
Address: 182 WEST CENTRAL STREET, #303
City-St-Zip: NATICK, MA 01760

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: PASQUALE FRANCHI

MGRM

05/27/2009

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