

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003182

FILED
Apr 30, 2004
Secretary of State

Entity Name: LEMANS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1501 SHEPHERD ROAD, SUITE 5
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6271
LAKELAND, FL 33807

New Mailing Address:

1501 SHEPHERD ROAD
#5
LAKELAND, FL 33811

FEI Number: 59-3546641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRITTON, CHARLES P
C/O WENDELL, CHRITTON & PARKS, CHARTERED
5300 S. FLORIDA AVENUE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

CHRITTON, CHARLES P
C/O WENDELL, CHRITTON , CHARTERED
5300 S. FLORIDA AVENUE
LAKELAND, FL 33813 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:

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SEBRING (PHASE I), L, EMANS APARTMENT S, LTD.
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

Title: MGRM () Delete
Name: SEBRING (PHASE II),, FIRST AMERICAN PROPERT
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

Title: MGRM () Delete
Name: LAKELAND (PHASE I),, LEMANS APARTMENTS, LTD
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

Title: MGRM () Delete
Name: LAKELAND (PHASE II),, LEMANS APARTMENTS LTD
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

Title: MGRM () Delete
Name: LAKELAND (PHASE III),
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

Title: MGRM () Delete
Name: PINES, JACK
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: JACK PINES

MGRM

04/30/2004

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