

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003182

FILED  
Apr 27, 2006  
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:

1501 SHEPHERD ROAD  
#5  
LAKELAND, FL 33811

## New Mailing Address:

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, CHARTERED  
225 E LEMON ST  
LAKELAND, FL 33802 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: 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  
Name:  
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 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: JACK PINES

MGRM

04/27/2006

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