

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003182

FILED
Mar 18, 2009
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:

1501 SHEPHERD ROAD
SUITE 5
LAKELAND, FL 33811

Current Mailing Address:

1501 SHEPHERD ROAD
#5
LAKELAND, FL 33811

New Mailing Address:

1501 SHEPHERD ROAD
SUITE 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:

HODGES, CARLTON D
1501 SHEPHERD ROAD
SUITE 5
LAKELAND, FL 33811 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 APARTMENT S, 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: LAKELAND IV, LEMANS, APARTMENTS
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
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: CARLTON D. HODGES

MGMR

03/18/2009

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