2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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
SUITE 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:

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

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

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

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

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

Title: MGRM
Name: LAKELAND IV, LEMANS APARTMENTS
Address: 1501 SHEPHERD ROAD, SUITE 5
City-St-Zip: LAKELAND, FL 33811

I hereby 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 Statues.

SIGNATURE: CARLTON D HODGES MGR 04/25/2012

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