


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90023 012 ****50.00

| | |
|---|---|
| DOCUMENT # L99000003440 1. Entity Name LES CAPITAL, L.C. |  |
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|--|--|
| Principal Place of Business 3200 NW 77 CT. MIAMI, FL 33122 | Mailing Address 3200 NW 77 CT. MIAMI, FL 33122 |
|--|--|

60032315

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01102007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 65-0959365 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5:00 Additional Fee Required |
|---|--|

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|---|
| 6. Name and Address of Current Registered Agent SCHIGIEL, LEON 3200 NW 77CT N. MAIMI BEACH, FL 33162 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHIGIEL ENTERPRISES LTD. 3200 NW 77 CT. MIAMI, FL 33122 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Leon Schigiel 4-2-07 305-468-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #