

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008501

1. Entity Name
LEHIGH OAKS, L.L.C.



Principal Place of Business

**1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**

Mailing Address

**1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0970728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
LEE COUNTY HOUSING DEVELOPMENT CORP
1228 NORTH TAMiami TRAIL
NORTH FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NATIONAL DEVELOPMENT OF AMERICA LLC
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Bowen A Arnold MM, NDALLC, MGR

4/24/04

Date

2392758029

Daytime Phone #