

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008501

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

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0970728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MEM () Delete
Name: LEE COUNTY HOUSING D, EVELOPMENT COR P
Address: 1228 NORTH TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM () Delete
Name: NATIONAL DEVELOPMENT, OF AMERICA LL C
Address: 1520 ROYAL PALM SQUARE BLVD., SUITE 360
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEE COUNTY HOUSING D, EVELOPMENT COR P
Address: 1228 NORTH TAMIAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

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 Section 119.07(3)(i), 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: BOWEN A. ARNOLD

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04/20/2005

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