

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 30, 2008 8:00 am
Secretary of State

05-27-2008 90373 007 ***138.75

DOCUMENT # M07000002609 1. Entity Name ALLEY CONWAY CONWAY AND LESTER LLC LESTAN																																																																																																																	
Principal Place of Business 5251 GOLDEN GATE PARKWAY STE G NAPLES FL 34116				Mailing Address 5251 GOLDEN GATE PARKWAY STE G NAPLES FL 34116																																																																																																													
2. Principal Place of Business - No P.O. Box # 3427 Enterprise Avenue Suite, Apt. #, etc. Suite B		3. Mailing Address 3427 Enterprise Avenue Suite, Apt. #, etc. Suite B																																																																																																															
City & State Naples FL		City & State Naples FL		4. FEI Number 25-1923122																																																																																																													
Zip 34104		Country Collier		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent TRANSPORT, TIGER 5251 GOLDEN GATE PARKWAY STE G NAPLES FL 34116				7. Name and Address of New Registered Agent Name Tiger Transport Street Address (P.O. Box Number is Not Acceptable) 3427 Enterprise Avenue Suite B City Naples																																																																																																													
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.				DATE 4/01/08																																																																																																													
SIGNATURE _____ Signature of Registered Agent or other person authorized to file this report				DATE 4/01/08																																																																																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Member Hilary Nayer</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>488 Worthington St</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Marietta Island FL 34145</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Member Elizabeth Pettie</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>813 Thicket Ct</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>West Chester PA 19380</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	Member Hilary Nayer		STREET ADDRESS			CITY-ST-ZIP	488 Worthington St		CITY-ST-ZIP				Marietta Island FL 34145					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	Member Elizabeth Pettie		STREET ADDRESS			CITY-ST-ZIP	813 Thicket Ct		CITY-ST-ZIP				West Chester PA 19380					TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 4/01/08																																																																																																													