

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M99000000904</b>	
1. Entity Name LECHASE CONSTRUCTION SERVICES, LLC	

Principal Place of Business 300 TROLLEY BLVD ROCHESTER, NY 14606-0830	Mailing Address 300 TROLLEY BLVD ROCHESTER, NY 14606-0830
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**DO NOT WRITE IN THIS SPACE**



05152007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 16-1512277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FLORIDA FILING & SEARCH SERVICES  
 155 OFFICE PLAZA DR.  
 SUITE A  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

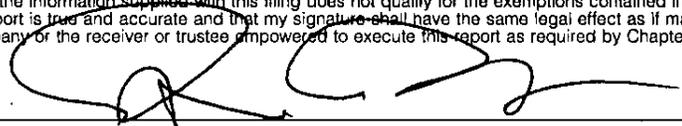
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECHASE, R. WAYNE 420 WINDWARD SHORES DR WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLS, STEPHEN L 8078 DRYER ROAD VICTOR, NY 14564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000765264  
 05/31/07-80032-007 50.00

**DO NOT WRITE IN THIS SPACE**

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:**  **5-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #