

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000035111

1. Entity Name

LEE COUNTY HOMES I CORPORATION



**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90226 046 ***150.00

Principal Place of Business
1600 SAWGRASS CORP PKWY
SUITE 230
SUNRISE, FL 33323

Mailing Address
1600 SAWGRASS CORP PKWY
SUITE 230
SUNRISE, FL 33323

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04142008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0783517	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name *Steven M. Helfman, Esq.*

Street Address (P.O. Box Number is Not Acceptable)

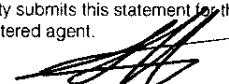
GRANT, MARK F ESQ.
200 EAST BROWARD BLVD., 15TH FLOOR
FORT LAUDERDALE, FL 33301

*1600 Sawgrass Corp Pkwy, Suite 230
Sunrise, FL 33323*

City

Zip Code

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 *4/29/08*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZAK 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ARKIN, RICHARD 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phoebe Menendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. MARIA MENENDEZ VICE PRESIDENT

4/29/08

Date

954-753-1730

Daytime Phone #