2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041669

Entity Name: L.E.M. FAMILY ENTERPRISES, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3333 ATLANTIC BLVD. 111 NATURE WALK PARKWAY JACKSONVILLE, FL 32207

SUITE 102

ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

111 NATURE WALK PARKWAY P.O. BOX 601048 JACKSONVILLE, FL 32260

SUITE 102

ST. AUGUSTINE, FL 32092

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

VOGEL, CAROLE A VOGEL, CAROLE A 3333 ATLANTIC BLVD 111 NATURE WALK PARKWAY

JACKSONVILLE, FL 32207 US SUITE 102

ST. AUGUSTINE, FL 32092 US

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: CAROLE A. VOGEL 04/13/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

VOGEL, CAROLE A VOGEL, CAROLE A Name: Name:

3333 ATLANTIC BLVD. 111 NATURE WALK PARKWAY, SUITE 102 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VΡ () Delete Title: VΡ (X) Change () Addition

Name: VOGEL, CAROLE A Name: VOGEL, CAROLE A

3333 ATLANTIC BLVD. Address: 111 NATURE WALK PARKWAY, SUITE 102 Address:

JACKSONVILLE, FL 32207 ST. AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CAROLE A. VOGEL 04/13/2007