

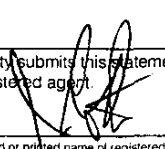
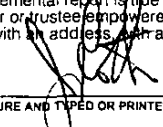


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000003521 1. Entity Name ENTERPRISE LEHIGH, INC.						FILED 08 NOV 24 AM 8:39 HALL COUNTY CLERK TALLAHASSEE, FLORIDA	
Principal Place of Business 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916 US				Mailing Address 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0459633				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916				7. Name and Address of New Registered Agent Name ROTH, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 4315 METRO PARKWAY SUITE 500 City FORT MYERS FL Zip Code 33916			
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 				Jeffrey H. Roth, VP (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVS HUGHES, HEIDI <input checked="" type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800138238388 11/24/08--01059--002 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLQUIST, LAURA A <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS NATIELLO, JOHN A <input checked="" type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORVATH, MARGARET <input checked="" type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROTH, JEFFREY H <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIVINGSTON, WILLIAM I. ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137		
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, or all other like empowered.							
SIGNATURE: 				Jeffrey H. Roth, VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
				11/17/08 Date			
				239-333-3300 Daytime Phone #			

11/17/08