
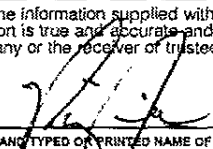


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000022769 1. Entity Name RTLEE, LLC		
Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822		Mailing Address P.O. BOX 620365 ORLANDO, FL 32862
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEE, KATHLEEN S 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, KATHLEEN S 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Richard T. Lee 1/8/07 407-857-2835 <small>Date Daytime Phone #</small>



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U00000584082
01/12/07-80022-013 50.00

**DO NOT WRITE
IN THIS SPACE**