

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000077866

1. Entity Name
LEE FAMILY DEVELOPMENT, LLC



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business
**10210 WINDSOR WAY
NAPLES, FL 34109**

Mailing Address
**10210 WINDSOR WAY
NAPLES, FL 34109**



DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0885664

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, PHILLIP L
20251 SOUTH TAMIAMI TRAIL
ESTERO, FL 33928**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE, PHILLIP L 20251 SOUTH TAMIAMI TRAIL ESTERO, FL 33928
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05/06/06-80064-004 55.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Phillip L. Lee

Date

4/21/06

Daytime Phone #

(239) 498-2220