


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000077866
 1. Entity Name
 LEE FAMILY DEVELOPMENT, LLC



Principal Place of Business 10210 WINDSOR WAY NAPLES, FL 34109	Mailing Address 10210 WINDSOR WAY NAPLES, FL 34109
--	--

DO NOT WRITE IN THIS SPACE



07052007 No 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, PHILLIP L 20251 SOUTH TAMiami TRAIL ESTERO, FL 33928
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000768715
 07/13/07-80009-007 50.00

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

Date _____ Daytime Phone # _____