

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010999

1. Entity Name
C & J LEASING COMPANY OF LEE COUNTY, L.L.C.



Principal Place of Business
2150 WEST FIRST STREET
FORT MYERS, FL 33901

Mailing Address
2150 WEST FIRST STREET
FORT MYERS, FL 33901



01192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1050740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COWELL, BLANCHE
2150 WEST FIRST STREET
FORT MYERS, FL 33901

**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 within reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

L000000229619
02/15/05-80005-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHEELER, CATHLEEN J 10060 SAN PABLO ST FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLAHAN, JOANNA L 15071 N PEBBLE LN FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: Cathleen J. Wheeler Cathleen J. Wheeler

01-24-05 239-334-2039

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

Date

Daytime Phone #