

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 21, PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000013029  
1. Entity Name  
Jeff Lee, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 10121 Calumet Lane Suite, Apt. #, etc.	3. Mailing Address 10121 Calumet Lane Suite, Apt. #, etc.
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City & State Lake Worth, FL	City & State Lake Worth, FL	4. FEI Number <i>N/A</i>	Applied For Not Applicable
Zip 33467	Country USA	Zip 33467	Country USA

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

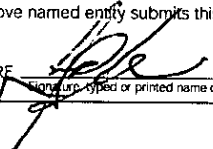
Name  
Jeffrey Lee

Street Address (P.O. Box Number is Not Acceptable)  
10121 Calumet Lane

City  
Lake Worth

FL Zip Code  
33467

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.

SIGNATURE  DATE *05.20.02*

**FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

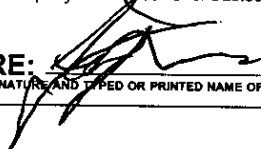
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lee, Jeffrey C. 10121 Calumet Lane Lake Worth, FL 33467
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**DO NOT WRITE  
IN THIS SPACE**

CR2E0008 (12/01)

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 608, Florida Statutes.

SIGNATURE:  Jeffrey C. Lee, Member DATE *05.20.02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #