

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 08, 2003 8:00 am  
Secretary of State

05-08-2003 90079 026 \*\*\*\*50.00

DOCUMENT # L00000013029



1. Entity Name  
**JEFF LEE, L.L.C.**

Principal Place of Business: **10121 CALUMET LANE LAKE WORTH FL 33467**  
Mailing Address: **10121 CALUMET LANE LAKE WORTH FL 33467**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. / City & State  
3. Mailing Address: Suite, Apt. #, etc. / City & State

4. FEI Number: **NOT APPLICABLE**  
Applied For:  Not Applicable

Zip: / Country: / Zip: / Country:

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

6. Name and Address of Current Registered Agent  
**JEFF LEE  
10121 CALUMET LANE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
Name: / Street Address (P.O. Box Number is Not Acceptable): / City: **FL** Zip Code:

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM LEE, JEFFREY C 10121 CALUMET LANE LAKE WORTH FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* 4/20/03 561 722 790  
Date Daytime Phone #

CR2E083 (10/02)