LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90123 039 ****55.00

DOCUMENT # L01000022112

1. Entity Name

LEE-ANN MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

924111

2. Principal Place of Business	3. Mailing Address
4516 Yorkshire Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State
Zip: 34758 Country: Osceola	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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: Ronald L. Bradbury

Street Address (P.O. Box Number is Not Acceptable): 4516 Yorkshire Lane

City: Kissimmee FL Zip Code: 34758

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: Ronald L Bradbury MGRM DATE: 02/08/02
Signature, typed or printed name of registered agent and title if applicable.

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	MGRM Ronald Lee Bradbury 4516 Yorkshire Lane Kissimmee, Florida 34758
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Catherine Ann Bradbury 4516 Yorkshire Lane Kissimmee, Florida 34758
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CR2E083B (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.

RONALD L. BRADBURY

SIGNATURE: Ronald L Bradbury 02/08/02 407-933-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 924111

Form **SS-4** (Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 20-0100222

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
LEE - ANN MANAGEMENT, LLC

2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
4616 YORKSHIRE LANE | 5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
KISSIMMEE, FL 34758 | 5b City, state, and ZIP code

6 County and state where principal business is located
OSCEOLA FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
RONALD L. BRADBURY 347-34-4261

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) ___
- ☒ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___ (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☒ Other corporation (specify) ▶ LIMITED LIABILITY COMPANY
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ ___
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
12/10/2001

11 Closing month of accounting year (see instructions)
12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 5/2002

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	Agricultural	Household
2		

14 Principal activity (see instructions) ▶ PROPERTY MANAGEMENT

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☒ Other (specify) ▶ PUBLIC ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ RONALD L. BRADBURY MEMBER

Business telephone number (include area code): (407) 933-0903

Fax telephone number (include area code): (407) 933-8098

Signature ▶ Ronald L Bradbury Date ▶ 02/25/02

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying