

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004886

Entity Name: R.E. LEE AMERICAS, LLC

FILED  
Jun 30, 2006  
Secretary of State

**Current Principal Place of Business:**

701 BRICKELL AVE  
SUITE 1720  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1201 THIRD AVE.  
SUITE 5113  
SEATTLE, WA 98101

**New Mailing Address:**

FEI Number: 42-1579426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEE, ROBERT E  
Address: 128 HIGHLAND DR  
City-St-Zip: SEATTLE, WA 98109 US

Title: MGR ( ) Delete  
Name: BLEDSON, TERESA  
Address: 4423 PHINNEY AVE N #E  
City-St-Zip: SEATTLE, WA 98103 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT LEE

MGR

06/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date