2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000011943

Entity Name

THE LEE LIMITED LIABILITY COMPANY



FILED Apr 21, 2005 08:00 AM Secretary of State

Principal Place of Business

1224 SOUTH OCEAN SHORE BLVD. Flagler Beach, Fl 32136 Mailing Address

1224 SOUTH OCEAN SHORE BLVD. Flagler Beach, Fl 32136



03072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0087071

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, MARK A 1224 SOUTH OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE

8. The above the obligat	enamed entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			_
	Signature, typed or pririted name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD LEE, MARK A 1224 S. OCEAN SHORE FLAGLER BEACH, FL 32136		U00000322047 04/21/05-80102-020 50.00
IITLE NAME Street Address City-St-Zip			
INTLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE		I INI	THIC CDACE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
CITY-ST-ZIP

Mark