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## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 09, 2004 8:00 am Secretary of State 07-19-2004 90234 021 \*\*\*\*50.00

DOCUMENT # L03000025216  1. Ertity Name LEE PLAZA, LLC									
Principal Place of B 330 CONKLIN STR FARMINGDALE, NY	Mailing Address 330 CONKLIN STREET FARMINGDALE, NY 117	CONKLIN STREET		34009812					
2. Principal Place o	of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092004	Chg-LLC	CR2E0	183 (10/03)	
City & State		City & State			4 FEI Number	21270	76		plied For Applicable
Žip	Country	Zip Coun		try	5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
6.	. Name and Address of Current F		Name	7. Name and	Address of New R	egistered /	Agent		
LEE, ROBERT A JR.  440 VENTURA PLACE  VERO BEACH, FL 32963					P.O. Box Numbe	r is Not Acceptable	·)		The Lord Georgest :
							- T <del></del>		
				City			<u>FL</u>	Zip Code	
Signature, hound or pinited name of registered agent and title if applicable.  (NOTE: Registered Agent agents required when reinstating)  DATE									
Filing   Due by S	Fee is \$50.00 eptember 8, 2004				Florida	Departin	eyable to ent of State		
	MANAGING MEMBER	RS/MANAGERS Delete	10.	£ 1		ADDITIONS	CHANGES	☐ Change	☐ Addition
NAME LEE STREET ADDRESS 440	E, ROBERT A JR. O VENTURA PLACE	FT pesie	NAM STRE	_			-		
TITLE VEN	VÉRO BEACH, FL 32963 C⊓				<del></del>			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	•			EET ADORESS -ST-ZIP					
TITLE NAME		☐ Daleta	TITL NAV					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP		<u> </u>			
TITLE NAME		☐ Delete	TITL HAA	Æ .				Change	Addition
STREET ADDRESS CITY-ST-ZIP	"			EET ADDRESS   Y-ST-ZIP					
TITLE NAME	À .	Delete	TITL NAA					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	•			EET ADORESS Y-ST-ZIP					· )
TITLE NAME		Delets	TITE					Change	Addition
STREET ADDRESS CITY-ST-ZIP		/ 1	STR	EET ADORESS Y-ST-DP					
11. I hereby certify that the information supplied with this filling 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 invisionature 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 flustee expowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED HAVE OF EXCHANG MANAGING MEMBER, MANAGING PERFERENTATIVE  Date  Date  Description Proces  Description Proces  Date  Description Proces  Description Pro									