2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
LEASE LLC

Principal Place of Business
PO BOX 5019
ARRABELLE, FL 32322

Mailing Address
262 SMOKERISE TRACE
PEACHTREE CITY, GA 30269

01192006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
03-0527402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, RICHARD Y
PO BOX 5019
ARRABELLE, FL 32322

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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 _____ U00000398207
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 01/30/06-80084-018 50.00

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEE, RICHARD Y
STREET ADDRESS	262 SMOKERISE TRACE
CITY-ST-ZIP	PEACHTREE CITY, GA 30269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard Y. Lee 2/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #