2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037382

1. Entity Name
FRLS LEE BOULEVARD, LLC

Principal Place of Business	Mailing Address
4353 MICHIGAN LINK FORT MYERS, FL 33916 US	4353 MICHIGAN LINK FORT MYERS, FL 33916 US

DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
42-1620016	Not Applicable

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

6. **Name and Address of Current Registered Agent**

CAUTHEN, JOHN
4353 MICHIGAN LINK
FORT MYERS, FL 33916

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CAUTHEN, JOHN W
STREET ADDRESS	4353 MICHIGAN LINK
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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04/05/06-80023-020 50.00

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11. 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: _____   2/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #