
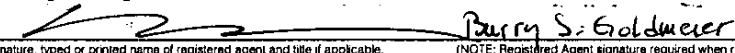



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90270 027 \*\*\*\*50.00

<b>DOCUMENT # L03000043564</b> 1. Entity Name LEE-OAKS, LLC																											
Principal Place of Business 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 US		Mailing Address 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 US																									
2. Principal Place of Business 250 Catalonia Ave. Suite, Apt. #, etc. Suite 606		3. Mailing Address 250 Catalonia Ave. Suite, Apt. #, etc. Suite 606																									
City & State Coral Gables, FL. Zip 33134 Country USA		City & State Coral Gables, FL. Zip 33134 Country USA																									
4. FEI Number NOT APPLICABLE		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03152006 Chg-LLC CR2E083 (11/05)																									
6. Name and Address of Current Registered Agent  WEISENFELD, JOSEPH J 2655 S. LE JEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Barry S. Goldmeier Street Address (P.O. Box Number is Not Acceptable) 250 Catalonia Ave. Suite 606 City Coral Gables FL Zip Code 33134																									
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:  Barry S. Goldmeier 3/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOLDMEIER (N.J.) LTD.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 279</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33149</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	GOLDMEIER (N.J.) LTD.		STREET ADDRESS	PO BOX 279		CITY-ST-ZIP	MIAMI, FL 33149		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  Barry S. Goldmeier 3/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											