

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000056311

1. Entity Name
LEE BOULEVARD OFFICE RETAIL LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:54

Principal Place of Business
7100 TWIN EAGLE LANE
FORT MYERS, FL 33912

Mailing Address
7100 TWIN EAGLE LANE
FORT MYERS, FL 33912

2. Principal Place of Business
24456 PEPPERCORN RD

3. Mailing Address
P O BOX 152347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032005 Chg-LLC CR2E083 (10/03)

City & State
PUNTA GORDA FL

City & State
CAPE CORAL FL

4. ECI Number
52-2418395

Applied For
Not Applicable

Zip
33955

Country
US

Zip
33915

Country
US

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

6. Name and Address of Current Registered Agent

WELLMAN, SHELLY
7100 TWIN EAGLE LANE
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name
DAVID BATEHAM

Street Address (P.O. Box Number is Not Acceptable)
24456 PEPPERCORN RD.

600056033316

City
PUNTA GORDA FL 33955

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.

DAVID BATEHAM MGR M

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WELLMAN, JAMES
7100 TWIN EAGLE LANE
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAVID BATEHAM
24456 PEPPERCORN RD
PUNTA GORDA FL 33955 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPENCER RAFFEL
2011 SW 28TH LANE
CAPE CORAL FL 33914 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERT MOSHER
14770 SOARING EAGLE CT
FORT MYERS FL 33912 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STANLEY GARCZYNSKI
14565 EAGLE RIDGE DR
FORT MYERS FL 33912 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSS HOOKER
18191 PARKRIDGE CIR
FORT MYERS FL 33908 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAMES ROST
1154 LEE BOULEVARD #3
LEHIGH ACRES FL 33936 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

339-300-0811