

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056311

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** LEE BOULEVARD OFFICE RETAIL LLC

**Current Principal Place of Business:**

5580 8TH ST W  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

14565 EAGLE RIDGE DR  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 52-2418395      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCZYNSKI, STANLEY  
14565 EAGLE RIDGE DR  
FORT MYERS, FL 33912      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MOSHER, ROBERT  
**Address:** 14770 SOARING EAGLE CT  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** MGRM  
**Name:** GARCZYNSKI, STANLEY  
**Address:** 14565 EAGLE RIDGE DR  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** MGRM  
**Name:** DIBENEDETTO, TOM  
**Address:** 151 TREMONT ST., UNIT 10L  
**City-St-Zip:** BOSTON, MA 02111

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ROBERT MOSHER

MGRM

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date