

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000006843**

**1. Entity Name  
JEE LEASING, LLC**



**Principal Place of Business  
9850 LAUREL VALLEY  
WINDERMERE, FL 34786**

**Mailing Address  
9850 LAUREL VALLEY  
WINDERMERE, FL 34786**



03272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
37-1483024**

**Applied For  
Not Applicable**

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

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

**ENGLISH, JAMES  
603 MAIN ST  
WINDERMERE, FL 34786-1100**

**DO NOT WRITE  
IN THIS SPACE**

**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**

|                       |                                 |
|-----------------------|---------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                     |
| <b>NAME</b>           | <b>ENGLISH, JAMES E</b>         |
| <b>STREET ADDRESS</b> | <b>9850 LAUREL VALLEY DRIVE</b> |
| <b>CITY-ST-ZIP</b>    | <b>WINDERMERE, FL 34786</b>     |
| <b>TITLE</b>          | <b>MGR</b>                      |
| <b>NAME</b>           | <b>ENGLISH, JUSTIN E</b>        |
| <b>STREET ADDRESS</b> | <b>9850 LAUREL VALLEY DRIVE</b> |
| <b>CITY-ST-ZIP</b>    | <b>WINDERMERE, FL 34786</b>     |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |

U000000519562  
05/02/06-80060-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*James English*

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

4-13-06

407-876-2200

Date

Daytime Phone #

7005 1820 0002 8039 7880