2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016220

1. Entity Name
GAYLE LEE AND ASSOCIATES, LLC

Principal Place of Business	Mailing Address
6112 NW 111TH PLACE ALACHUA, FL 32615	6112 NW 111TH PLACE ALACHUA, FL 32615

04152006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0499981
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, LINDA G
6112 NW 111TH PLACE
ALACHUA, FL 32615

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LEE, LINDA G
STREET ADDRESS	6112 NW 111TH PLACE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGRM
NAME	STRICKLAND, JAMES H
STREET ADDRESS	3357 SUMMIT CHASE DRIVE
CITY-ST-ZIP	VALDOSTA, GA 31605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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05/01/06-80058-012 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: Linda G. Lee 4-15-06 386 418-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #