2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019305

1. Entity Name
LEE ROAD HOLDINGS, LLC

Principal Place of Business	Mailing Address
19091 TAMIAMI TRAIL, SE FT. MYERS, FL 33908	19091 TAMIAMI TRAIL, SE FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

02102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
26-7809106
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H
19091 TAMIAMI TRAIL, SE
FT. MYERS, FL 33908

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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 _____
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

U00000436172
02/27/06-80027-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FREEMAN, PAUL H
STREET ADDRESS	19091 TAMIAMI TRAIL, S.E.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	MGRM
NAME	FREEMAN, ALAN C
STREET ADDRESS	19091 TAMIAMI TRAIL, SE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: A C Freeman ALAN C FREEMAN 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #