


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019305</b> 1. Entity Name LEE ROAD HOLDINGS, LLC	
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Principal Place of Business 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908	Mailing Address 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**

01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-7809105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FREEMAN, PAUL H 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> <del>FREEMAN, PAUL H</del> <del>19091 TAMiami TRAIL, SE</del> <del>FT. MYERS, FL 33908</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, ALAN C 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908
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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:** Alan C Freeman **1/11/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #