

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90075 008 ****55.00

DOCUMENT # L04000022755

1. Entity Name

LEE SEID ENTERPRISES, LLC



Principal Place of Business

70 BAY WALK COURT
DESTIN FL 32550
US

Mailing Address

70 BAY WALK COURT
DESTIN FL 32550
US

2. Principal Place of Business

475 SANDY CAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

475 SANDY CAY DRIVE

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FLORIDA

Zip
32550-8258

Country
USA

City & State

MIRAMAR BEACH, FLORIDA

Zip
32550-8258

Country
USA

4. FEI Number

20-0913628

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

LEENMAN, PETER
14471 SW 139 AVENUE CIRCLE WEST
MIAMI FL 33186
475 SANDY CAY DRIVE
MIRAMAR BEACH, FL 32550-8258

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1/26/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM LEENMAN, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	14471 SW 139 AVENUE CIRCLE PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE NAME	MGRM LEENMAN, MONICA E	<input type="checkbox"/> Delete
STREET ADDRESS	14471 SW 139 AVENUE CIRCLE PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE NAME	MGRM SEIDEL, NORWIN R	<input type="checkbox"/> Delete
STREET ADDRESS	169 PALMETTO DRIVE	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MANAGER (PARTNER) PETER F. LEENMAN, P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	475 SANDY CAY DRIVE	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550-8258	
TITLE NAME	MANAGER (PARTNER) MONICA E. SEIDEL-LEENMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	475 SANDY CAY DRIVE	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550-8258	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

1/26/06