

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90366 044 ****50.00

DOCUMENT # L04000035493

1. Entity Name
LEE PROPERTY MANAGEMENT, LLC



Principal Place of Business
**P.O. BOX 5905
LAKELAND, FL 33807 US**

Mailing Address
**P.O. BOX 5905
LAKELAND, FL 33807 US**

60038557



2. Principal Place of Business - No P.O. Box #
1201 LAKE LOOP

3. Mailing Address
P.O. BOX 3909

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State
WINTER HAVEN, FL

City & State
WINTER HAVEN, FL

Zip
33880

Country
USA

Zip
33885

Country
USA

4. FEI Number
51-0507678

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, CAROLYN A
6248 BUTTERNUT DRIVE
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name
LEE, CAROLYN A.

Street Address (P.O. Box Number is Not Acceptable)
1201 LAKE LOOP

City
WINTER HAVEN FL

Zip Code
33880

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 *Carolyn A. Lee* DATE **4/19/07**

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, CAROLYN A		NAME LEE, CAROLYN A	
STREET ADDRESS 6248 BUTTERNUT DRIVE		STREET ADDRESS 1201 LAKE LOOP	
CITY-ST-ZIP LAKELAND, FL 33813		CITY-ST-ZIP WINTER HAVEN, FL 33880	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Carolyn A. Lee* DATE **4/19/07** DAYTIME PHONE # **863-602-8626**

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