## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 17, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT		Socre	etary of State
DOCUMEN	IT # L040000374	481		- Secre	ciary of State
1. Entity Name	ELOPMENT OF LEE				
COASTAL DEV	ELOPMENT OF LEE	COGNIT, L.L.C.			
Principal Place of Busi	iness	Mailing Address	<u>+</u>		
1318 LAFAYETTE ST		1318 LAFAYETTE ST			
CAPE CORAL, FL 33	904	CAPE CORAL, FL 33904			
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	, , ,	*	**		<b>38/16 //// Ida// 2/06// 16/8</b> (1886 /// 1886
DO NOT WRITE IN THIS SPAC			e i	01062006 No Chg-LLC CR2E083 (11/05)	
DO	NOI WALLE	IN THIS SPA		4. FEI Number 20-1134533	Applied For Not Applicable
}				5. Certificate of Status Desired	55.00 Additional Fee Regulred
6. N	isme and Address of Current I	Registered Agent	<u></u>	<u> </u>	) so rioquito
HILL, THOMAS	₩			DO NOT W	DITE
1318 LAFAYETT	TE ST		]	DO NOT W	THE
CAPE CORAL, FL 33904			IN THIS SP	ACE	
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<u> </u>		at a deix non at about the Paracitate	ared office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
8. The above named	l earny submits ibis statement to				
8. The above named the obligations of a		the purpose of changing as registr			
the obligations of a	registered agent.			d when refrestating)	DATE
the obligations of a			ored Agent signatura requiré	d when reinstaing)	<del></del>
the obligations of a	registered agent.	and the if applicable (NOTE, Regist		d when reinstating)	DATE 3.
the obligations of a	registered agent.  1. typed or printed name of registered egent in	and title if applicable (NOTE, Registe		d when rematating)	<del></del>
signature Signature Fitting F Due by  9. INE MGR	registered agent.  I hiped or printed name of registered egent if  Fee is \$50.00  May 1, 2006  MANAGING MEMBE	and title if applicable (NOTE, Registe		d when reinstating)	<del></del>
signature  Signature  Fiting F  Dere by  Title MGR  NAME SNO	registered agent.  Noted or printed name of registered agent in the control of th	and title if applicable (NOTE, Registe		d when refrestating)	<del></del>
signature  Signature  Fiting F  Dere by  9.  Title MGR  NAME SNO'  STREET ADDRESS 1318	registered agent.  I hiped or printed name of registered egent if  Fee is \$50.00  May 1, 2006  MANAGING MEMBE	and title if applicable (NOTE, Registe		d when reinstaing)	<del></del>
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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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Daytime Phone #