

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052661

Entity Name: LEE AND VALVERI, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

235 MIRACLE STRIP PKWY SE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

235 MIRACLE STRIP PKWY SE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILPATRICK, WILLIAM G JR  
1104 EGLIN PKWY  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE, DAVID S  
Address: 706 VINTAGE CIRCLE  
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM ( ) Delete  
Name: LEE, DAVID S  
Address: 3981 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM ( ) Delete  
Name: VALVERI, JAMES M  
Address: 3012 OBRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID SCOTT LEE JR

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date