

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068418

FILED
Jul 13, 2005
Secretary of State

Entity Name: PATRICIA LEE, LLC

Current Principal Place of Business:

4900 HENSEY AVENUE
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

4900 HENSEY AVENUE
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 80-0121759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRANNING, MICHAEL M
640 OLD HICKORY
PANAMA CITY, FL 32404 US

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: BRANNING, MICHAEL M
Address: 640 OLD HICKORY
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM () Delete
Name: HICKS, DEBRA B
Address: 118 HERITAGE CIRCLE
City-St-Zip: PANAMA CITY, FL 32407 US

Title: MGR () Delete
Name: BRANNING, HILREY W
Address: 4900 HENSEY AVENUE
City-St-Zip: PANAMA CITY, FL 32404 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 Section 119.07(3)(i), 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: DEBRA B. HICKS

MGRM

07/13/2005

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