

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068418

FILED
Apr 29, 2008
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 ()

Name and Address of Current Registered Agent:

BRANNING, MICHAEL M
640 OLD HICKORY
PANAMA CITY, FL 32404 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: 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: MGRM (X) Change () Addition
Name: HICKS, DEBRA B
Address: 118 HERITAGE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL M. BRANNING

MGRM

04/29/2008

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