2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000077866

1. Entity Name LEE FAMILY DEVELOPMENT, LLC



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

10210 WINDSOR WAY NAPLES, FL 34109 Mailing Address

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DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0885664

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, PHILLIP L 20251 SOUTH TAMIAMI TRAIL ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006		· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	MGRM LEE, PHILLIP L 20251 SOUTH TAMIAMI TRAIL ESTERO, FL 33928		U00000531902 05/06/06-80064-004 55.00 NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/06

Daytime Phone il