

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078861

FILED
May 01, 2005
Secretary of State

Entity Name: DONNA LEE, LLC

Current Principal Place of Business:

15894 BENT CREEK ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

15894 BENT CREEK ROAD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1819285 **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:

PINCUS, WILLIAM H
15894 BENT CREEK ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

PINCUS, WILLIAM H MGRM
15894 BENT CREEK ROAD
WELLINGTON, FL 33414 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: WILLIAM H. PINCUS

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PINCUS, DONNA L MGR
Address: 15894 BENT CREEK ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: MRGM () Change (X) Addition
Name: PINCUS, WILLIAM H MGRM
Address: 15894 BENT CREE ROAD
City-St-Zip: WELLINGTON, FL 33414

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: DONNA LEE PINCUS

MGR

05/01/2005

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