

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083922

FILED
Aug 28, 2005
Secretary of State

Entity Name: LEE SOMMER, LLC

Current Principal Place of Business:

1628 BAYWINDS LANE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49432
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-1929338 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:

W. BARTLETT SCOVILL, P.A.
1605 MAIN STREET
SUITE 912
SARASOTA, FL 34236 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: LEE, MELINDA
Address: P.O. BOX 49432
City-St-Zip: SARASOTA, FL 34230 US

Title: MGRM () Delete
Name: SOMMER, GREGORY
Address: P.O. BOX 49432
City-St-Zip: SARASOTA, FL 34230 US

Title: MGRM () Delete
Name: CARTER, LINDA
Address: P.O. BOX 49432
City-St-Zip: SARASOTA, FL 34230 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: GREGORY M SOMMER

MGR

08/28/2005

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