

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083922

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: LEE SOMMER, LLC

**Current Principal Place of Business:**

7628 CHARLESTON STREET  
BRADENTON, FL 34201 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 ( )

**Name and Address of Current Registered Agent:**

W. BARTLETT SCOVILL, P.A.  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 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: 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 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: GREGORY M. SOMMER

MGRM

04/28/2007

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