


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000000762

1. Entity Name
LEE/COLLIER PROPERTIES, LLC



Principal Place of Business 6597 NICHOLAS BLVD. NO. 404 NAPLES, FL 34108	Mailing Address 6597 NICHOLAS BLVD. NO. 404 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2094814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**KORN, TYLER B ESQ
 5811 PELICAN BAY BLVD.
 SUITE 209
 NAPLES, FL 34108**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

1100000648354
 03/07/07-80006-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, JAYME A 6597 NICHOLAS BLVD., NO. 404 NAPLES, FL 34108
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11. I hereby certify that the information supplied with this filing 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:  **2-22-07 239.597.4404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #