

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000000762 1. Entity Name LEE/COLLIER PROPERTIES, LLC	
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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**

	
03032008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-2094814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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U00000951226  
06/04/08-80025-008 138.75

**DO NOT WRITE IN THIS SPACE**

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:  4-27-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #