

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000004641

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** LEE BOULEVARD OFFICE RETAIL THREE, LLC

**Current Principal Place of Business:**

7100 TWIN EAGLE LANE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

12995 S CLEVELAND AVE  
SUITE 9  
FORT MYERS, FL 33907

**Current Mailing Address:**

7100 TWIN EAGLE LANE  
FORT MYERS, FL 33912

**New Mailing Address:**

P.O. BOX 152347  
CAPE CORAL, FL 33901

**FEI Number:** 52-2418395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLMAN, JAMES A  
7100 TWIN EAGLE LANE  
FORT MYERS, FL 33912 US

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

HOOKE, ROSS  
12995 S CLEVELAND AVE  
FORT MYERS, FL 33907 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: ROSS HOOKE

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: WELLMAN, JAMES A  
Address: 7100 TWIN EAGLE LANE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: HOOKE, ROSS  
Address: 12995 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSS HOOKE

MGMR

04/25/2006

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