

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013999

Entity Name: P. LEE, L.L.C.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

16814 123RD TERR. N
JUPITER, FL 33478

New Principal Place of Business:

500 UNIVERSITY BLVD.
SUITE 201
JUPITER, FL 33458

Current Mailing Address:

16814 123RD TERR. N
JUPITER, FL 33478

New Mailing Address:

500 UNIVERSITY BLVD.
SUITE 201
JUPITER, FL 33458

FEI Number: 20-2587642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONOMO, FRED
16814 123RD TERR N
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

BONOMO, FRED
500 UNIVERSITY BLVD.
SUITE 201
JUPITER, FL 33458 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:

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BONOMO, FRED
Address: 16814 123RD TERR N
City-St-Zip: JUPITER, FL 33478

Title: MGRM () Delete
Name: BONOMO, GABRIELLA
Address: 16814 123RD TERR N
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BONOMO, FRED
Address: UNIVERSITY BLVD., SUITE 201
City-St-Zip: JUPITER, FL 33458

Title: MGRM (X) Change () Addition
Name: BONOMO, GABRIELLA
Address: UNIVERSITY BLVD., SUITE 201
City-St-Zip: JUPITER, FL 33458

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: GABRIELLA BONOMO

MGRM

04/25/2007

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