



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90062 029 ****50.00

DOCUMENT # L05000039810 1. Entity Name LEE COUNTY PROPERTIES, LLC					
Principal Place of Business 3949 EVANS AVENUE, #307B FT. MYERS, FL 33901			Mailing Address 3949 EVANS AVENUE, #307B FT. MYERS, FL 33901		
2. Principal Place of Business 2260 FIRST STREET Suite, Apt. #, etc. # 205		3. Mailing Address 2260 FIRST STREET Suite, Apt. #, etc. # 205			
City & State FT. MYERS FLA. Zip 33901 Country USA		City & State FT. MYERS FLA. Zip 33901 Country USA		4. FEI Number 52-2457688	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EASTERBROOK, JEFFREY 2260 FIRST STREET, #205 FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTERBROOK, JEFFREY 2260 FIRST STREET, #205 FT. MYERS, FL 33901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

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