

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90142 034 ****50.00

DOCUMENT # L05000039810

1. Entity Name
LEE COUNTY PROPERTIES, LLC



Principal Place of Business
2260 FIRST ST 205
FORT MYERS, FL 33901

Mailing Address
2260 FIRST ST 205
FORT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #

1665 Colonial Blvd

Suite, Apt. #, etc.

3. Mailing Address

1665 Colonial Blvd

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

03152007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

52-2457688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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
JEFFREY EASTERBROOK

Street Address (P.O. Box Number is Not Acceptable)

1665 Colonial Blvd

City

Fort Myers

FL

Zip Code

33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME EASTERBROOK, JEFFREY
STREET ADDRESS 2260 FIRST STREET, #205
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME EASTERBROOK, JEFFREY
STREET ADDRESS 1665 COLONIAL BLVD
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

941-928-8769

3/15/07