2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000039810

Entity Name

LEE COUNTY PROPERTIES, LLC



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1665 COLONIAL BLVD FORT MYERS, FL 33901 1665 COLONIAL BLVD FORT MYERS, FL 33901



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	T	Applied For	
52-2457688	 Г	Not Applicable	
5. Certificate of Status Desired		.00 Additional Required	

6. Name and Address of Current Registered Agent

EASTERBROOK, JEFFREY 1665 COLONIAL BLVD FORT MYERS, FL 33901

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the obliga	tions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE, Registered Agent signature required when reinstating)	DATE	
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000787429 01/17/08-80081-017	' 138.75
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTERBROOK, JEFFREY 1665 COLONIAL BLVD FORT MYERS, FL 33901			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-SI-ZIP				
TITLE NAME STREET ADDRESS GITY-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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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