

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064403

Entity Name: LEE COMMERCE, LLC

FILED  
Jul 16, 2007  
Secretary of State

**Current Principal Place of Business:**

5565 LEE ST.  
SUITE #1  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

5565 LEE ST.  
SUITE #1  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 20-3106991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KNOTT, GEORGE H ESQ.  
1625 HENDRY STREET  
SUITE 301  
FT. MYERS, FL 33901 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GNAGEY, JOHN WILLIAM III  
Address: 9240 MARKETPLACE ROAD SUITE 20  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: JOHNSTON, RICHARD COREY  
Address: 5565 LEE ST.  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD COREY JOHNSTON

MGR

07/16/2007

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