2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L05000093851

Entity Name: PERRY LEE PARTNERS, LLC.

Current Principal Place of Business:

4591 DEER TRAIL BLVD.
SARASOTA, FL 34238

New Principal Place of Business:

4591 DEER TRAIL BLVD.
SARASOTA, FL 34238 US

Current Mailing Address:

4591 DEER TRAIL BLVD.
SARASOTA, FL 34238

New Mailing Address:

4591 DEER TRAIL BLVD.
SARASOTA, FL 34238 US

FEI Number: 43-2090058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADEREWSKI, ALEXANDER G
1834 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: MCKINNON, KENNETH P
Address: 4591 DEER TRAIL BLVD.
City-St-Zip: SARASOTA, FL 34238

Title: MGRM ( ) Delete
Name: HAVENS, NANCY L
Address: 3839 TANGIER TERRACE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCKINNON, KENNETH P
Address: 4591 DEER TRAIL BLVD.
City-St-Zip: SARASOTA, FL 34238 US

Title: MGRM (X) Change ( ) Addition
Name: HAVENS, NANCY L
Address: 3839 TANGIER TERRACE
City-St-Zip: SARASOTA, FL 34239 US

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: KENNETH P. MCKINNON MGRM 04/04/2009

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