2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L05000102731

Entity Name: LEE MEDICAL, LLC

Current Principal Place of Business:

19120 WIND DANCER STREET
LUTZ, FL 335589050 US

New Principal Place of Business:

Current Mailing Address:

19120 WIND DANCER STREET
LUTZ, FL 335589050 US

New Mailing Address:

FEI Number: 20-3628040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, TANYA M
19120 WIND DANCER STREET
LUTZ, FL 335589050 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: MGR ( ) Delete
Name: LEE, TANYA M
Address: 19120 WIND DANCER STREET
City-St-Zip: LUTZ, FL 335589050 US

Title: MGR ( ) Delete
Name: HOFF, ROBERT L
Address: 4629 OLIVE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 335425603 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: LEE, TANYA M
Address: 19120 WIND DANCER STREET
City-St-Zip: LUTZ, FL 335589050 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TANYA LEE P 02/28/2006

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