

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114476

FILED
Sep 10, 2007
Secretary of State

Entity Name: LEE BOULEVARD WEST, LLC

Current Principal Place of Business:

205 E. JOEL BOULEVARD
LEHIGH ACRES, FL 33936

New Principal Place of Business:

205 E. JOEL BOULEVARD
402
LEHIGH ACRES, FL 33972

Current Mailing Address:

205 E. JOEL BOULEVARD
LEHIGH ACRES, FL 33936

New Mailing Address:

205 E. JOEL BOULEVARD
402
LEHIGH ACRES, FL 33972

FEI Number: 20-3830668 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:

LOWELL, HARVEY M
205 E. JOEL BOULEVARD STE.106
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

LOWELL, HARVEY M
205 E. JOEL BOULEVARD STE.106
402
LEHIGH ACRES, FL 33972 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:

09/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOWELL, HARVEY M
Address: 205 E. JOEL BOULEVARD STE. 106
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOWELL, HARVEY M
Address: 205 E. JOEL BOULEVARD STE. 402
City-St-Zip: LEHIGH ACRES, FL 33972

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: HARVEY M. LOWELL

PRES

09/10/2007

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