

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** ^{5/2}

FILED
Aug 08, 2008 8:00 am
Secretary of State

05-27-2008 90372 019 ***138.75

DOCUMENT # L05000114476

1. Entity Name

LEE BOULEVARD WEST, LLC



Principal Place of Business

205 E. JOEL BOULEVARD
402
LEHIGH ACRES FL 33972

Mailing Address

205 E. JOEL BOULEVARD
402
LEHIGH ACRES FL 33972

2. Principal Place of Business - No P.O. Box

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3830668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: If registered agent is not a resident of the state, the signature must be of a resident of the state.)

DATE

7/1/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: LOWELL, HARVEY M
STREET ADDRESS: 205 E. JOEL BOULEVARD STE. 402
CITY-ST-ZIP: LEHIGH ACRES FL 33972

TITLE: *3507 Lee Blvd Ste 204*
NAME: *Lehigh Acres, FL 33971*
STREET ADDRESS: *Lehigh Acres, FL 33971*
CITY-ST-ZIP: *Lehigh Acres, FL 33971*

TITLE: *not*
NAME: *not*
STREET ADDRESS: *not*
CITY-ST-ZIP: *not*

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:

[Signature]

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Use

Circle Page 1