## - 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 Al
Secretary of State

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1. Entity Name LEE & ASSOCIATES 006, L.L.C.



Principal Place of Business

Mailing Address

4002 DEL PRADO BOULEVARD CAPE CORAL, FL 33904

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04022008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-8431154

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL. FL 33904

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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, typed or printed name of registered agent and title If applicable	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM LEE, ROBERT A JR.					
NAME STREET ADDRESS	4002 DEL PRADO BOULEVARD		19956			
CITY-ST-ZIP	CAPE CORAL, FL 33904		18494813 136175			
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	certify that the information supplied with his filing date not	mushing for the examptions contained in Chapter 119. Florida Statutes I further	ter certify that the information			
11. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 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 perfort as required by Chapter 608, Florida Statutes.						