

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086290

Entity Name: LC LEE BLVD, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9201 WATSON ROAD  
SUITE 300  
ST LOUIS, MO 63126 US

**New Principal Place of Business:**

**Current Mailing Address:**

9201 WATSON ROAD  
SUITE 300  
ST LOUIS, MO 63126 US

**New Mailing Address:**

FEI Number: 26-0697467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOHACK, RICHARD A  
11020 MAHAGANY RUN  
FORT MYERS, FL 33913 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  
Name: MEYER, ROBERT J  
Address: 4 HOLIDAY LANE  
City-St-Zip: ST. LOUIS, MO 63131 US

Title: MGR  
Name: MAURER, THOMAS D  
Address: 514 VERA CRUZ  
City-St-Zip: DESTIN, FL 32541 US

Title: MGR  
Name: DOHACK, RICHARD A  
Address: 11020 MAHOGANY RUN  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR  
Name: HECK, STEPHEN H  
Address: 18473 HOLLOW HILL DRIVE  
City-St-Zip: WILDWOOD, MO 63069 US

Title: MGR  
Name: JEFFERY IKEN REVOCABLE TR DATED 10/31/97  
Address: 409 CONWAY PINE COURT  
City-St-Zip: CREVE COEUR, MO 63141 US

Title: MGR  
Name: BURGHOFF, MARK E  
Address: 16200 VALLEY ESTATES COURT  
City-St-Zip: CHESTERFIELD, MO 63005 US

I hereby 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: ROBERT J MEYER

MGRM

02/16/2010

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