

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086290

Entity Name: LC LEE BLVD, LLC

FILED
Sep 25, 2012
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
6527 PLANTATION PRESERVE CIRCLE NORTH
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

DOHACK, RICHARD A
11790 LAKESHIRE CT
FORT MYERS, FL 33913 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: RICHARD A DOHACK

09/25/2012

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: 11790 LAKESHIRE CT
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

09/25/2012

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