2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L08000075459

Entity Name: LEE FAMILY CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

13 SUNRISE CAY DRIVE
OCEAN REEF
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

13 SUNRISE CAY DRIVE
OCEAN REEF
KEY LARGO, FL 33037

New Mailing Address:

45 BRYANT WOODS NORTH
AMHERST, NY 14228

FEI Number: 26-3249538 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	( ) Delete
Name:	TRUST F/B/O JENNIFER L. MCNAMARA U/ART. SE	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	TRUST F/B/O PATRICK W. LEE U/ART THIRD OF	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	TRUST F/B/O BARBARA RHEE U/ART THIRD OF AG	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	TRUST F/B/O CAROLINE MCNAMARA U/ART SECOND	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	TRUST F/B/O JONATHAN PATRICK LEE U/ART SEC	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	TRUST F/B/O ELIZABETH CLARK RHEE U/ART SEC	
Address:	13 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PATRICK P LEE MGR 07/02/2009

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