

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087355

FILED
Sep 01, 2009
Secretary of State

Entity Name: LEE FAMILY PARTNERS, LLC

Current Principal Place of Business:

2714 BALFORN TOWER WAY
WINTER GARDEN, FL 34787

New Principal Place of Business:

4327 S HWY 27
CLERMONT, FL 34711

Current Mailing Address:

2714 BALFORN TOWER WAY
WINTER GARDEN, FL 34787

New Mailing Address:

4327 S HWY 27
CLERMONT, FL 34711

FEI Number: 26-3351319 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:

DONATO, KYLE L
2714 BALFORN TOWER WAY
WINTER GARDEN, FL 34787 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: DONATO, MICHAEL L
Address: 149 RED MAPLE PASS
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete
Name: DONATO, KAREN L
Address: 149 RED MAPLE PASS
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete
Name: MICHELLE, THOSS L
Address: 8637 DOVER OAKS COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: RAY, THOSS
Address: 8637 DOVER OAKS COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: KYLE, DONATO L
Address: 2714 BALFORN TOWER WAY
City-St-Zip: WINTER GARDEN, FL 34787 US

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:

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: KYLE L DONATO

MGRM

09/01/2009

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