



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90440 003 \*\*\*150.00

<b>DOCUMENT # P05000146974</b> 1. Entity Name <b>LEE COMMERCIAL INVESTORS, INC.</b>					
Principal Place of Business <b>800 W. CYPRESS CREEK ROAD SUITE 470 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>800 W. CYPRESS CREEK ROAD SUITE 470 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465</b>		3. Mailing Address <b>800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465</b>			
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>		4. FEI Number <b>59-3825092</b>	
Zip <b>33309</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEGAL, LARRY 800 W. CYPRESS CREEK ROAD SUITE 470 FT. LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STERLACCI, JOSEPH 14130 DUKE WAY ALVA, FL 33920</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REYNAERT, JEROME P O BOX 1059 ALVA, FL 33920</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AST. SEC. LEGAL, LARRY 800 W. CYPRESS CREEK RD., SUITE 470 FT. LAUDERDALE, FL 33309</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Larry Legal</u> <b>LARRY LEGAL</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>AST SEC</b>					
Date <b>4.28.06</b>				Daytime Phone #	