2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # P95000088929** 1. Entity Name 06 JUL 31 AM 8: 15 LEE WETHERINGTON REALTY, INC. SECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6009 BUSINESS BLVD 6009 BUSINESS BLVD SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07252006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4 FEI Number 65-0627144 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABA, RICHARD D Street Address (P.O. Box Number is Not Acceptable) **2033 MAIN ST STE 303** SARASOTA, FL 34237 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PC ☐ Change ☐ Addition TITLE ☐ Delete WETHERINGTON, LELAND C NAME NAME STREET ADDRESS 6009 BUSINESS BLVD STREET ADDRESS 30007838 SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP VST Delete TITLE ☐ Change ☐ Addition TITLE DAVIE, CECELIA NAME NAME STREET ADDRESS 6009 BUSINESS BLVD STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HAGER, WILLIAM B NAME NAME STREET ADDRESS 6009 BUSINESS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling does not qualify for the elemptions 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 popular 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT