2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016559

1. Entity Name
LEE HARVEY INSURANCE AGENCY, LLC

Principal Place of Business	Mailing Address
2110-C SOUTH ADAMS STREET TALLAHASSEE, FL 32301	2110-C SOUTH ADAMS STREET TALLAHASSEE, FL 32301

BK

08142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2025 So. MONROE ST	2025 So. MONROE ST.
Suite, Apt. #, etc.: SUITE 14	Suite, Apt. #, etc.: SUITE 14
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE, FL.
Zip: 32301 Country: LEON	Zip: 32301 Country: LEON

4. FEI Number 04-3701647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, LEANDERS
2408 BANYAN DR
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HARVEY, LEANDERS	
STREET ADDRESS	2110 SO ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	900109213609 09/07/07--01035--029 **50.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my 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: Leanders Harvey 08/31/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #