


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016559		
1. Entity Name LEE HARVEY INSURANCE AGENCY, LLC		

FILED  
08 SEP -2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2025 SOUTH MONROE STREET, SUITE 14 TALLAHASSEE, FL 32301	Mailing Address 2025 SOUTH MONROE STREET, SUITE 14 TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3701647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARVEY, LEANDERS 2408 BANYAN DR TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

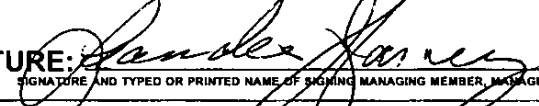
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, LEANDERS 2025 SOUTH MONROE STREET, SUITE 14 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  600135372326 09/04/08--01036--003 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 09/02/08	Daytime Phone # _____
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