2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1

FILED
Feb 20, 2004 8:00 am
Secretary of State

01-23-2004 90120 012 ****50.00

34000343

[redacted]

01122004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000007758

1. Entity Name
LEE PAVERS AND COPING LLC

Principal Place of Business	Mailing Address
6900-29 DANIELS PARKWAY, #302 FT. MYERS, FL 33912	6900-29 DANIELS PARKWAY, #302 FT. MYERS, FL 33912

2. Principal Place of Business		3. Mailing Address	
6900-29 Daniels Pkwy		6900-29 Daniels Pkwy	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc. 302	
City & State Ft. Myers Fl		City & State Ft. Myers Fl	
Zip 33912	Country USA	Zip 33912	Country USA

4. FEI Number 19-1879149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUSTER, MICHAEL
14550 BRUCE B. DOWNS BLVD. 20-98
TAMPA, FL 33613

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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Managing member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Michael Huster	NAME	
STREET ADDRESS	6900-29 Daniels Pkwy #302	STREET ADDRESS	Ste 302
CITY-ST-ZIP	Ft. Myers FL 33912	CITY-ST-ZIP	33912
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Huster 1/16/04 239 810 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #