



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90105 036 ****50.00

DOCUMENT # L03000007758					
1. Entity Name LEE PAVERS AND COPING LLC					
Principal Place of Business 6900-29 DANIELS PARKWAY, #302 FT. MYERS, FL 33912			Mailing Address 6900-29 DANIELS PARKWAY, #302 FT. MYERS, FL 33912		
2. Principal Place of Business 2210-Unit 1 Andrea Ln Suite, Apt. #, etc.		3. Mailing Address 2210-Unit 1 Andrea Ln Suite, Apt. #, etc.			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 14-1879149	
Zip 33912		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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: <u>Huster, Michael</u> Street Address (P.O. Box Number is Not Acceptable): <u>8474 Charter Club #9</u> City: <u>Ft. Myers</u> FL Zip Code: <u>33919</u>		
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 <u>Michael J Huster</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Michael J Huster</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>4/15/05</u>	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSTER, MICHAEL 6900-29 DANIEL, PKWY #302 FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Huster, Michael 2210-Unit 1 Andrea Ln Ft. Myers FL 33912
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Michael J Huster</u>		<u>Michael J Huster</u>		DATE <u>4/15/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> <u>239 466-5580</u>	