

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90162 022 ****50.00

DOCUMENT # L03000025878

1. Entity Name

LEHMAN CAPITAL MANAGEMENT & INSURANCE GROUP, LLC



Principal Place of Business

8726 OLD COUNTY ROAD 54 STE. B2
NEW PORT RICHEY FL 34653

Mailing Address

8726 OLD COUNTY ROAD 54 STE. B2
NEW PORT RICHEY FL 34653

2. Principal Place of Business

426 KNOLLWOOD RD
Suite, Apt. #, etc.

3. Mailing Address

426 KNOLLWOOD RD
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

TARPON SPRINGS, FL
Zip 34688 Country PINELLAS

City & State

TARPON SPRINGS, FL
Zip 34688 Country PINELLAS

4. FEI Number

542119289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, JOSEPH M
8726 OLD COUNTY ROAD 54 STE. B2
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

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

426 KNOLLWOOD RD

City

TARPON SPRINGS

FL

Zip Code

34688

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 obligation of registered agent.

SIGNATURE

Joseph M Lehman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LEHMAN, JOSEPH M
STREET ADDRESS 8726 OLD COUNTY ROAD 54 STE. B2
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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:

Joseph M Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-04

Date

Daytime Phone #