


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

2. Principal Place of Business 3. Mailing Address
426 KNOLLWOOD Rd *426 KNOLLWOOD Rd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tarpon Springs, FL *Tarpon Springs, FL*
 Zip Country Zip Country
34688 *FLORIDA* *34688* *Florida*



MOORE CR2E083 (11/03)

4. FEI Number Applied For
542119289 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 State Zip Code
TARPON SPRINGS **FL** *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* DATE *3-23-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEHMAN, JOSEPH M 8726 OLD COUNTY ROAD 54 STE. B2 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Joseph M Lehman* DATE *3-23-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #