

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025878

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** LEHMAN CAPITAL MANAGEMENT & INSURANCE GROUP, LLC

**Current Principal Place of Business:**

426 KNOLLWOOD RD  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

426 KNOLLWOOD RD  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 54-2119289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEHMAN, JOSEPH M  
426 KNOLLWOOD RD.  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEHMAN, JOSEPH M  
Address: 8726 OLD COUNTY ROAD 54 STE. B2  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEHMAN, JOSEPH M  
Address: 426 KNOLLWOOD RD  
City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGR

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date