


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # L03000046992</b>  |   |  |
| 1. Entity Name<br><b>LEE'S PAINTING &amp; GENERAL CONTRACTOR, LLC</b>                     |   |   |
| Principal Place of Business<br><b>20912 ORCHARDTOWN DR.<br/>LAND O LAKES, FL 34638 US</b> | Mailing Address<br><b>20912 ORCHARDTOWN DR.<br/>LAND O LAKES, FL 34638 US</b> |   |



04212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0439575</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent                            |                                       |
| <b>HUBBARD, LEE E<br/>20912 ORCHARDTOWN DR.<br/>LAND O LAKES, FL 34638</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000936460  
05/27/08-80011-013 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HUBBARD, LEE E<br/>20912 ORCHARDTOWN DR.<br/>LAND O LAKES, FL 34638</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HUBBARD, NANCY G<br/>20912 ORCHARDTOWN DR.<br/>LAND O LAKES, FL 34638</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Nancy G. Hubbard - mgr.*  
*Nancy G. Hubbard*

*4-21-08*

*813 731-6658*

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

Date

Daytime Phone #