2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000056681

Entity Name: LANNYLEE LLC

Current Principal Place of Business:

4738 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4738 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

P.O. BOX 657
ELFERS, FL 346800657 US

FEI Number: 37-1486479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARTRIDGE, ARYLN L
4738 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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: MGRM ( ) Delete
Name: PARTRIDGE, LANNY
Address: P.O. BOX 140
City-St-Zip: AVOCA, NY 14809

Title: MGRM ( ) Delete
Name: PARTRIDGE, ARLYN L
Address: 4738 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARLYN L. PARTRIDGE MGRM 04/29/2004

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