2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90016 022 ***138.75

DOCUMENT # L03000056681

1. Entity Name

LANNYLEE LLC

Principal Place of Business	Mailing Address
6441 WOODLAND LN NEW PORT RICHEY FL 34553	P.O. BOX 657 ELFERS FL 34680-0657 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4447 Erie Dr	4447 Erie Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: US	Zip: 34652 Country: US

4. FEI Number 37-1486479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARTRIDGE, ARYLN L 6441 WOODLAND LN NEW PORT RICHEY FL 34553	Name: ARLYN L PARTRIDGE Street Address (P.O. Box Number is Not Acceptable): 4447 Erie Dr City: New Port Richey FL Zip Code: 34652

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: Arlyn L Partridge
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARTRIDGE, LANNY 5273 TRACY LN AVOCA NY 14809	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARTRIDGE, ARLYN L ~~6441 WOODLAND LN~~ 4447 Erie Dr NEW PORT RICHEY FL 34652	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arlyn L Partridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #