

**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 6441 WOODLAND LN NEW PORT RICHEY FL 34553	Mailing Address P.O. BOX 657 ELFERS FL 34680-0657 US
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2. Principal Place of Business - No P.O. Box # 4447 Erie Dr	3. Mailing Address 4447 Erie Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

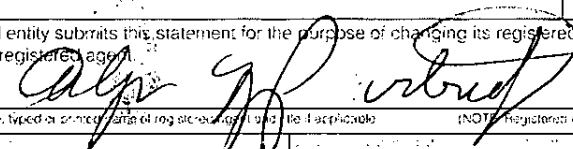
1st MOORE CR2E083 (10/07)

City & State New Port Richey, FL	City & State New Port Richey, FL	4. FEI Number 37-1486479	Applied For ☐ Not Applicable
Zip 34652	Country US	Zip 34652	Country US

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

6. Name and Address of Current Registered Agent PARTRIDGE, ARYLN L 6441 WOODLAND LN NEW PORT RICHEY FL 34553		7. Name and Address of New Registered Agent Name ARLYN L PARTRIDGE Street Address (P.O. Box Number is Not Acceptable) 4447 Erie Dr NEW PORT RICHEY City FL Zip Code 34652	
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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, if applicable, (NOTE: Registered Agent's signature required when reinstating)

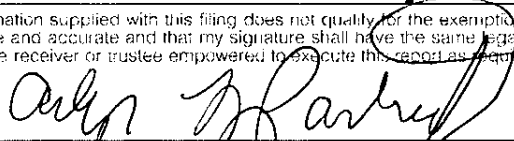
FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:



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

Date

Copyright Period