

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005886

Entity Name: LEE SHEATS LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

24 LAKE ELLEN CIR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

44-5 CARLTON AVENUE
LANARK VILLAGE, FL 32323

Current Mailing Address:

24 LAKE ELLEN CIR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 327
CARRABELLE, FL 32322

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEATS, TOBY (LEE)
24 LAKE ELLEN CIR.
CRAWFORDVILLE, FL 32322 US

Name and Address of New Registered Agent:

SHEATS, TOBY (LEE)
44-5 CARLTON AVENUE
LANARK VILLAGE, FL 32323 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEATS, LEE
Address: 24 LAKEELLEN CIR.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEATS, LEE
Address: P.O. BOX 327
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TOBY LEE SHEATS

MGRM

04/30/2008

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