

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L050001Q3059**

1. Entity Name  
**LEE FROST CONST. LLC**



Principal Place of Business  
**5901 JONES RD.  
ST. CLOUD, FL 34771**

Mailing Address  
**5901 JONES RD.  
ST. CLOUD, FL 34771**



03292007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1953493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FROST, WILLARD L  
5901 JONES RD.  
ST. CLOUD, FL 34771**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FROST, WILLARD L
STREET ADDRESS	5901 JONES RD.
CITY - ST - ZIP	ST. CLOUD, FL 34771
TITLE	MGRM
NAME	FROST, AARON L
STREET ADDRESS	5901 JONES RD.
CITY - ST - ZIP	ST. CLOUD, FL 34771
TITLE	MGRM
NAME	FROST, BARBARA A
STREET ADDRESS	5901 JONES RD.
CITY - ST - ZIP	ST. CLOUD, FL 34771
TITLE	MGRM
NAME	STEVENSON, RICHARD A
STREET ADDRESS	6012 JONES RD
CITY - ST - ZIP	ST. CLOUD, FL 34771

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/18/07-80003-005 50.00

**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:** *Willard L. Frost* **Willard L. Frost** **3-29-07** **407 957 9951**

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

Date

Daytime Phone #