

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039044

FILED
Apr 02, 2008
Secretary of State

Entity Name: EARL-LEE ENTERPRISES, LLC

Current Principal Place of Business:

848 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

848 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 52-1976846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLY, FLOYD E
848 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

LILLY, FLOYD E SR
848 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 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: FLOYD E. LILLY SR.

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LILLY, FLOYD E
Address: 848 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: LILLY, DONNA L
Address: 848 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LILLY, FLOYD E SR
Address: 848 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR (X) Change () Addition
Name: LILLY, DONNA L
Address: 848 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

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: DONNA L. LILLY

MGR

04/02/2008

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