

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED W 5/6
 99 MAY -3 PM 12:50
 TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001851
LEE & LISA ENTERPRISES, LLC
P.O. BOX 1988
AUBURNDALE FL 33823

1a. Principal Place of Business Address
3716 K-VILLE AVENUE
AUBURNDALE FL 33823

2 Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified **09/14/1998**
 3a. State of Formation **FL**

4. FEI Number Applied For Not Applicable

5. Date of Last Report
 6. Certificate of Status Desired \$875 Additional Fee Required

7. Name and Address of Current Registered Agent
RHYNE, ELICIA L
3716 K-VILLE AVENUE
AUBURNDALE FL 33823

8. Name and Address of New Registered Agent/Office
 Name **ELICIA RHYNE**
 Street Address (P.O. Box Number is Not Acceptable) **125 S. EAST ST**
 Suite, Apt. #, etc.
 City **LAKE CITY** **FL** Zip Code **32025**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (Date) _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RHYNE, ELICIA	P.O. BOX 1988 N/A	AUBURNDALE FL
MGRM	RHYNE, DILLARD	P.O. BOX 1988 N/A	AUBURNDALE FL

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 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Elisia Rhyme 6 APR 99