2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003092

1. Entity Name
LEE, L.L.C.

Principal Place of Business	Mailing Address
33741 LAKESHORE DRIVE TAVARES, FL 32778	33741 LAKESHORE DRIVE TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

03232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3546020

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, JAMES K SR
33741 LAKESHORE DRIVE
TAVARES, FL 32778

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000098910
03/29/04-80062-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEE, JAMES K SR
STREET ADDRESS	33741 LAKESHORE DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	MGRM
NAME	LEE, SARA S
STREET ADDRESS	33741 LAKESHORE DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	MGRM
NAME	LEE, JAMES K JR
STREET ADDRESS	2714 19TH PLACE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	MGRM
NAME	DAVIS, LINDA L
STREET ADDRESS	2921 WESTDALE COURT
CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #