

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001189

1. Entity Name
LEE MASONRY PRODUCTS LLC



Principal Place of Business
**1005 N. VINE STREET
HOPKINSVILLE, KY 42240**

Mailing Address
**P.O. BOX 687
HOPKINSVILLE, KY 42240**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0901825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, MICHAEL R
501 AVENUE SOUTH
RIVIERA BEACH, FL 33404**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE, CAROL T 1575 HUNTS LANE BOWLING GREEN, KY 42101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, DAVID R 25 GOSHEN LANE FRANKFORT, KY 40601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, WILLIS A 2292 CARDWELL LANE FRANKFORT, KY 40601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEE, BARRY S 5150 CADIZ ROAD HOPKINSVILLE, KY 42240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/12/04-80083-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Barry S Lee Barry S. Lee 1/6/04 270-886-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #