


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 06, 2005 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
--	---

DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 61-0901825	Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2005**

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	

<p>U000000289891 04/06/05-80044-002 50.00</p> 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** **2/9/05** **270-886-6696 X20**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #