2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001189

1. Entity Name
LEE MASONRY PRODUCTS LLC

Principal Place of Business	Mailing Address
1005 N. VINE STREET HOPKINSVILLE, KY 42240	P.O. BOX 687 HOPKINSVILLE, KY 42240

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CR2E083 (11/05)

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

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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: _____
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, 2006

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

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03/08/06-80055-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/10/06 270-886-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #