


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000042473 1. Entity Name MICHAEL GIBSON, LLC	
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Principal Place of Business 3801 GRIFFIN VIEW DRIVE LADY LAKE, FL 32159	Mailing Address 3801 GRIFFIN VIEW DRIVE LADY LAKE, FL 32159
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 26-0089073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PROFESSIONAL ACCTG. & BUSINESS CONSULTANTS  
 4909 ALLEN ROAD  
 ZEPHYRHILLS, FL 33541

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GIBSON, MICHAEL R 3801 GRIFFIN VIEW DRIVE LADY LAKE, FL 32159
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 05/23/07-80048-006 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Michael R. Gibson*      Date: *4-30-07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #