


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000002017
1. Entity Name
GALLAGHER FAMILY L.L.C.



Principal Place of Business C/O DANIEL C. GALLAGHER 151 MCQUISTON BATTLE CREEK, MI 49015	Mailing Address C/O DANIEL C. GALLAGHER 151 MCQUISTON BATTLE CREEK, MI 49015
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3499642	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, RONALD E
729-1 BOCA BAY DRIVE
BOCA GRANDE, FL 33921

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000089976
03/16/04-80012-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GALLAGHER, RONALD E 151 MCQUISTON BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GALLAGHER, BETTY J 151 MCQUISTON BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLAGHER, MICHAEL C 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLAGHER, PATRICK N 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLAGHER, DANIEL C 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLAGHER, JOHN J 151 MCQUISTON DRIVE BATTLE CREEK, MI 49015

**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: *Daniel C. Gallagher* 3-10-04 204-965-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #