


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 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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08172005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3499642	Applied For Not Applicable
5. Certificate of Status Desired <input 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 7, 2005**

000000377111  
 08/25/05-80006-019 50.00

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: *RK Gallagher* Date: 8-23-05 Daytime Phone #: 269 965 5171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE