

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000002017

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: GALLAGHER FAMILY L.L.C.

**Current Principal Place of Business:**

C/O DANIEL C. GALLAGHER  
151 MCQUISTON  
BATTLE CREEK, MI 49015

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DANIEL C. GALLAGHER  
151 MCQUISTON  
BATTLE CREEK, MI 49015

**New Mailing Address:**

FEI Number: 38-3499642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GALLAGHER, BETTY J  
Address: 151 MCQUISTON  
City-St-Zip: BATTLE CREEK, MI 49015

Title: MGRM ( ) Delete  
Name: GALLAGHER, MICHAEL C  
Address: 151 MCQUISTON DRIVE  
City-St-Zip: BATTLE CREEK, MI 49015

Title: MGRM ( ) Delete  
Name: GALLAGHER, PATRICK N  
Address: 151 MCQUISTON DRIVE  
City-St-Zip: BATTLE CREEK, MI 49015

Title: MGRM ( ) Delete  
Name: GALLAGHER, DANIEL C  
Address: 151 MCQUISTON DRIVE  
City-St-Zip: BATTLE CREEK, MI 49015

Title: MGRM ( ) Delete  
Name: GALLAGHER, JOHN J  
Address: 151 MCQUISTON DRIVE  
City-St-Zip: BATTLE CREEK, MI 49015

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date