

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010743

Entity Name: LBLSG, L.L.C.

**FILED**  
**Feb 15, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1220 NW 18TH AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

34924 WILLIAMS CEMETERY ROAD  
DADE CITY, FL 33525

**Current Mailing Address:**

1220 NW 18TH AVE  
GAINESVILLE, FL 32609

**New Mailing Address:**

34924 WILLIAMS CEMETERY ROAD  
DADE CITY, FL 33525

FEI Number: 59-3670282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ARNOLD, JOHN  
1220 NW 18TH AVE  
GAINESVILLE, FL 32609 US

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

ARNOLD, JOHN  
34924 WILLIAMS CEMETERY ROAD  
DADE CITY, FL 33525 US

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: JOHN ARNOLD

02/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARNOLD, JOHN  
Address: 1220 NW 18TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ARNOLD, JOHN  
Address: 34924 WILLIAMS CEMETERY ROAD  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN ARNOLD

MGR

02/15/2007

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