

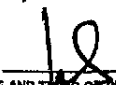


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001782		
1. Entity Name KIRBY, LLC		
Principal Place of Business 1406 SE 46TH LANE # 4 CAPE CORAL, FL 33904		Mailing Address 1406 SE 46TH LANE # 4 CAPE CORAL, FL 33904
DO NOT WRITE IN THIS SPACE		
		 01052005 No Chg-LLC CR2E083 (10/03)
4. FEI Number 59-3703020		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 KIRBY, LYNN A 1406 SE 46TH LANE UNIT # 4 CAPE CORAL, FL 33904		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, LYNN A 1406 SE 46TH LANE #4 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, BRIAN R 1406 SE 46TH LANE #4 CAPE CORAL, FL 33904	
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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: <u> LYNN A. KIRBY</u>		1/5/05 239-542-0073
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>