


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004702
 1. Entity Name
 LIZA BISHOP FAMILY L.L.C.



Principal Place of Business 48 OVERLOCK ROAD P.O. BOX 245 LEVANT, ME 04456	Mailing Address 48 OVERLOCK ROAD P.O. BOX 245 LEVANT, ME 04456
---	---



04262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0542076	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
 GARDNER, MERRITT A
 401 E. JACKSON ST., STE. 2650
 TAMPA, FL 33602

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: *Liza G Burgoyne* (NOTE: Registered Agent signature required when re-registering)
 DATE: *4/28/04*

Filing Fee is \$50.00 Due by May 1, 2004
 U00000156878
 05/05/04-80090-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURGOYNE, LIZA G 48 OVERLOCK ROAD LEVANT, ME 04456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Liza G Burgoyne* DATE: *4/28/04* DAYTIME PHONE #: *207-990-1455*