


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 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
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04282005 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

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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 May 1, 2005

U00000364350
 05/06/05-80040-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BISHOP BURGOYNE, LIZA G 48 OVERLOCK ROAD LEVANT, ME 04456
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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)(f), 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 Bishop LIZA G Bishop 5-2-05 207-884-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #