


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004702 1. Entity Name LIZA BISHOP FAMILY L.L.C.	
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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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03302007 No Chg-LLC CR2E083 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURGOYNE, LIZA G 48 OVERLOCK ROAD LEVANT, ME 04456
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05/18/07-80092-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/26/07 207-884-8109