


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90065 006 ****50.00

DOCUMENT # *L01000004702*

1. Entity Name
LIZA BISHOP FAMILY, LLC



DO NOT WRITE IN THIS SPACE

10102745

2. Principal Place of Business
48 OVERLOCK ROAD

3. Mailing Address
48 OVERLOCK ROAD

Suite, Apt. #, etc.
P.O. B OX 245

Suite, Apt. #, etc.
P.O. BOX 245

DO NOT WRITE IN THIS SPACE

City & State
LEVANT, MAINE

City & State
LEVANT, MAINE

4. FEI Number
01-0542076

Applied For
 Not Applicable

Zip
04456

Country
U.S.A.

Zip
04456

Country
U.S.A.

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARDNER, MERRITT A.

Street Address (P.O. Box Number is Not Acceptable)
401 E. JACKSON STREET, SUITE 2650

City
TAMPA

FL

Zip Code
33602

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 *[Signature]* DATE *4/30/03*

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER BURGOYNE, LIZA G. 48 OVERLOCK ROAD LEVANT, MAINE 04456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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 *[Signature]* DATE *4-30-03* DAYTIME PHONE # *207-990-1455*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE