

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012951

Entity Name: MU-LBS, LLC

FILED  
Jan 08, 2004  
Secretary of State

**Current Principal Place of Business:**

32850 LAKESHORE DR  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

32850 LAKESHORE DR  
TAVARES, FL 327785034

**New Mailing Address:**

FEI Number: 60-0000321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, LINDA B  
32850 LAKESHORE DR.  
TAVARES, FL 327785034

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SPENCER, LINDA B  
Address: 32850 LAKESHORE DR  
City-St-Zip: TAVARES, FL 32778

Title: MGR ( ) Delete  
Name: QUAIL, LORENE  
Address: 700 N BELFAST PLACE  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORI QUAIL

MRS.

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date