


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019630	
1. Entity Name LIBBY CAPITAL MANAGEMENT, L.L.C.	

Principal Place of Business 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236	Mailing Address 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236
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FILED  
08 MAY 16 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1154090	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 *James M. Newsome* **JAMES M. NEWSOME** 5/15/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
**Special Assistant Secretary**

**FILE NOW!!! FEE IS \$138.75** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBBY, HAROLD L 950 S. TAMiami TRAIL, STE. 204 SARASOTA, FL 34236
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600130170036  
05/23/08--01010--011 \*\*138.75

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: *Z. Shultz* **of Counsel** 05-14-08 724-935-3433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #