

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000020047**

1. Entity Name  
J.H. LYBASS, JR. FAMILY LLC



Principal Place of Business  
20056 S.W. 107TH LANE  
DUNNELLON, FL 34432

Mailing Address  
P.O. BOX 38  
DUNNELLON, FL 34430



01262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3756616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LYBASS, JAMES H JR.  
20056 S.W. 107TH LANE  
DUNNELLON, FL 34432

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000226150  
02/12/05-80004-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LYBASS, JAMES H JR
STREET ADDRESS	20056 SW 107TH LANE
CITY-ST-ZIP	DUNNELLON, FL 34432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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

James H. Lybass Jr

2/12/05

352 484-2200

Date

Daytime Phone #