

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 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**



01222006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3756616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000404181
02/08/06-80036-010 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MGRM
LYBASS, JAMES H JR
20056 SW 107TH LANE
DUNNELLON, FL 34432**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

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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 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:

James H. Lybass Jr.

James H. Lybass Jr. 1/25/06 352-489-2200

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

Date

Daytime Phone #