


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020219					
1. Entity Name BILLINGSLEY & GREEN INVESTMENTS, LLC					
Principal Place of Business 102 SPRINGHILL CIRCLE PANAMA CITY FL 32405			Mailing Address 102 SPRINGHILL CIRCLE PANAMA CITY FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0566256 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, JACK G 502 HARMON AVE. PANAMA CITY FL 32401			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Alice Billingsley</i>		(NOTE: Registered Agent signature required when reinstating)			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREEN, KEN <input type="checkbox"/> Delete 102 SPRINGHILL CIRCLE PANAMA CITY FL 32405-3546		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Additions </div> <div style="text-align: right; font-weight: bold;"> U000000207210 02/01/05-80036-006 55.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREEN, DEBBIE <input type="checkbox"/> Delete 102 SPRINGHILL PANAMA CITY FL 32405-3546		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Additions</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BILLINGSLEY, ALICE <input type="checkbox"/> Delete 102 SPRINGHILL CIRCLE PANAMA CITY FL 32405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Additions</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BILLINGSLEY, JOHN R <input type="checkbox"/> Delete 102 SPRINGHILL CIRCLE PANAMA CITY FL 32405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Additions</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Additions</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Additions</div>	

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: *Alice Billingsley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #