


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 19, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000004141</b>                                 |  |
| <b>1. Entity Name</b><br>GUERRY FUNERAL HOME OF LAKE CITY, LLC |   |

|   |  |
|---|--|
| <b>Principal Place of Business</b><br>4309 SOUTH 1ST STREET<br>LAKE CITY FL 32025 | <b>Mailing Address</b><br>PO BOX 2409<br>LAKE CITY FL 32056-2409 |
|---|--|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



1st MOORE CR2E083 (10/04)

|  |  |   |
|--|--|---|
| <b>4. FEI Number</b><br>04-3642631                               |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$5.00 Additional Fee Required</b>                         |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>GUERRY, WILLIAM<br>420 EAST MACCLENNEY AVENUE<br>MACCLENNEY FL 32063 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P. O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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 |   |
|---|--|-----------------------|---|
| <b>TITLE</b><br>MGR                                 | <b>NAME</b><br>GUERRY, WILLIAM <input type="checkbox"/> Delete | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>420 EAST MACCLENNEY AVENUE | <b>CITY - ST - ZIP</b><br>MACCLENNEY FL 32063                  | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                               | <b>CITY - ST - ZIP</b>   | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                               | <b>CITY - ST - ZIP</b>   | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                               | <b>CITY - ST - ZIP</b>   | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                               | <b>CITY - ST - ZIP</b>   | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    | <b>TITLE</b>          | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b>                               | <b>CITY - ST - ZIP</b>   | <b>STREET ADDRESS</b> | <b>CITY - ST - ZIP</b>  |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(f), 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:** *William L. Guerry*  
*William L. Guerry*

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

*2/19/05* *904-252-2211*  
Date Daytime Phone #