


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90163 023 ****50.00

DOCUMENT # L02000005668 1. Entity Name LYNNBEST, L.L.C.					
Principal Place of Business 733 LEGENDS CREST DR. FRANKLIN, TN 37069			Mailing Address 733 LEGENDS CREST DR. FRANKLIN, TN 37069		
2. Principal Place of Business 455 Longboat Club Rd Suite, Apt. #, etc. 603 City & State Longboat Key FL Zip 34228		3. Mailing Address 455 Longboat Club Rd Suite, Apt. #, etc. 603 City & State Longboat Key, FL Zip 34228		03202005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 45-0469495		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 GREENO, LEIGH CRAIG C/O KERKERING, BARBERIO & CO., P.A. 1858 RINGLING BLVD. SARASOTA, FL 34236	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, LEIGH CRAIG 455 LONGBOAT CLUB RD. #603 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNELLINGS, RICK 3309 SHADOW VALLEY DR. EDMOND, OK 73034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Leigh Greeno</u> 3/28/05		