

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013046

1. Entity Name
LBLG PROPERTIES, LLC



Principal Place of Business
106 INLET DRIVE
SUITE 1000
SAINT AUGUSTINE, FL 32080 US

Mailing Address
106 INLET DRIVE
SUITE 1000
SAINT AUGUSTINE, FL 32080 US



05012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0465665

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKS, LARRY D
106 INLET DRIVE
SUITE 1000
SAINT AUGUSTINE, FL 32084

**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

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

LARRY D. WEEKS
(NOTE: Registered Agent signature required when reinstating)

5/1/04
DATE

Filing Fee is \$50.00
Due by September 8, 2004

000000153221
05/04/04-80117-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEEKS, BEVERLY L
106 INLET DRIVE
SAINT AUGUSTINE, FL 32080

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

5/1/04
Date

904-810-5313
Daytime Phone #