

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90058 006 ****50.00

DOCUMENT # L02000026918

1. Entity Name
BABCOCK - GREEN DEVELOPMENT, LLC



Principal Place of Business
389 MUDDY CREEK LANE
ORMOND BEACH, FL 32174

Mailing Address
389 MUDDY CREEK LANE
ORMOND BEACH, FL 32174

2. Principal Place of Business
1857 Old Tomoka Rd
 Suite, Apt. #, etc.

3. Mailing Address
1857 Old Tomoka Rd
 Suite, Apt. #, etc.

City & State
Ormond Beach Fla

City & State
Ormond Beach Fla.

Zip
32174

Country
Volusia



06222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1559710

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BABCOCK, KEVIN
389 MUDDY CREEK LANE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent
 Name **Babcock Kevin**
 Street Address (P.O. Box Number is Not Acceptable)
1857 Old Tomoka Rd
 City **Ormond Beach** FL Zip Code **32174**

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 **Kevin Babcock** DATE **6-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABCOCK, KEVIN		NAME Babcock, Kevin	
STREET ADDRESS 389 MUDDY CREEK LANE		STREET ADDRESS 1857 Old Tomoka Rd	
CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP Ormond Beach Fla. 32174	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, LANCE E		NAME	
STREET ADDRESS 6469 LONGLAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE, FL 32128		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Kevin Babcock** DATE **6-22-04** 386 566-1877 cell

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