

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L02000026918</b> 1. Entity Name <b>BABCOCK - GREEN DEVELOPMENT, LLC</b>			
Principal Place of Business <b>389 MUDDY CREEK LANE</b> <b>ORMOND BEACH, FL 32174</b>		Mailing Address <b>389 MUDDY CREEK LANE</b> <b>ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business <b>1857 Old Tomoka Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1857 Old Tomoka Rd</b> Suite, Apt. #, etc.	
City & State <b>Ormond Beach Fla</b> Zip <b>32174</b>		City & State <b>Ormond Beach Fla</b> Zip <b>32174</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
4. FEI Number <b>42-1559710</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BABCOCK, KEVIN</b> <b>389 MUDDY CREEK LANE</b> <b>ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name <b>Babcock Kevin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1857 Old Tomoka Rd</b> City <b>Ormond Beach</b> FL Zip Code <b>32174</b>	
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 <b>Kevin Babcock</b> DATE <b>6-22-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABCOCK, KEVIN 389 MUDDY CREEK LANE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Babcock, Kevin 1857 Old Tomoka Rd Ormond Beach Fla. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, LANCE E 6469 LONGLAKE DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Kevin Babcock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>6-22-04</b> Daytime Phone # <b>386 566-1877 cell</b>	