


**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 #