


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000026918**

1. Entity Name  
**BABCOCK - GREEN DEVELOPMENT, LLC**



Principal Place of Business      Mailing Address  
**1857 OLD TOMOKA RD**      **1857 OLD TOMOKA RD**  
**ORMOND BEACH, FL 32174**      **ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**42-1559710**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BABCOCK, KEVIN**  
**1857 OLD TOMOKA RD**  
**ORMOND BEACH, FL 32174**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABCOCK, KEVIN 1857 OLD TOMOKA RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, LANCE E 6469 LONGLAKE DRIVE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/19/05-80034-024 50.00

**DO NOT WRITE 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)(f), 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      Kevin Babcock      3-16-05      386 566 1877

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