

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026918

1. Entity Name
BABCOCK - GREEN DEVELOPMENT, LLC



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

Mailing Address
**1857 OLD TOMOKA RD
ORMOND BEACH, FL 32174**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BABCOCK, KEVIN
STREET ADDRESS 1857 OLD TOMOKA RD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR
NAME GREEN, LANCE E
STREET ADDRESS 6469 LONGLAKE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000385829
01/18/06-80034-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-06 (386) 566-1877

Date

Daytime Phone #