


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 90057 028 ****50.00

DOCUMENT # L03000004090 1. Entity Name LIVINGSTON FAMILY, LLC					
Principal Place of Business 7289 SW SENATE STREET FORT OGDEN FL 34267			Mailing Address PO BOX 184 FORT OGDEN FL 34267		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALDRON, EUGENE E JR, PA 124 NORTH BREVARD AVE. ARCADIA FL 34266				Name Vincent A. Sica Street Address (P.O. Box Number is Not Acceptable) 10 S. DeSoto Ave, Suite 101 Arcadia City FL Zip Code 34266	
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 <i>Vincent A. Sica</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>Vincent A. Sica</i> 4/21/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, BARBARA PO BOX 184 FORT OGDEN FL 34267	<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
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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: <i>Barbara Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Barbara Thomas 4-21-04 (863) 494-3140 <small>Date Daytime Phone #</small>	