

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007000

**FILED**  
**Jan 20, 2007**  
**Secretary of State**

**Entity Name:** LACEY LLC

**Current Principal Place of Business:**

P.O. BOX 490703  
LEESBURG, FL 34749 US

**New Principal Place of Business:**

491 MILLS STREET  
LEESBURG, FL 34749 US

**Current Mailing Address:**

P.O. BOX 493913  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 75-3102449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACEY, TONYETTE D  
714 MCKENZIE ST  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

LACEY, GERALD A  
491 MILLS STREET  
LEESBURG, FL 34748 US

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.

SIGNATURE: GERALD LACEY

01/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACEY, GERALD A  
Address: P.O. BOX 493913  
City-St-Zip: LEESBURG, FL 34749

Title: MGRM (X) Delete  
Name: LACEY, TONYETTE D  
Address: 714 MCKENZIE ST  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LACEY, GERALD A  
Address: P.O. BOX 493913  
City-St-Zip: LEESBURG, FL 34749

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD LACEY

MGR

01/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date