

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021681 1. Entity Name LBS OF GAINESVILLE, LLC	
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Principal Place of Business 6110 NW 1ST PLACE GAINESVILLE, FL 32607	Mailing Address C/O SHEY ASSOCIATES, INC. 6110 NW 1ST PLACE GAINESVILLE, FL 32607
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01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1197957	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CARPENTER, RONALD A 5608 NW 43RD STREET GAINESVILLE, FL 32653
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**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 reinstating) DATE

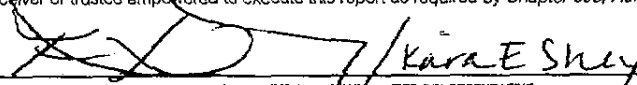
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEY, LAURA 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRS SHEY, KARA 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHEY, STEVEN 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-80091-007 50.00

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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)(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:  / Kara E Shey 1/19/05 352 331 1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #