


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021681</b> 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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01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1197957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CARPENTER, RONALD A 5608 NW 43RD STREET GAINESVILLE, FL 32653	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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, STEPHEN 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000796451  
01/29/08-80034-002 138.75

**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:** Laura B. Shey **LAURA B. Shey**, 1-24-08 (352) 331-1668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #