

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-22-2004 90356 022 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000030232 1. Entity Name AGB, L.L.C.																															
Principal Place of Business 2626 SOUTH CENTRAL AVENUE FLAGLER BEACH FL 32136			Mailing Address 2626 SOUTH CENTRAL AVENUE FLAGLER BEACH FL 32136																												
2. Principal Place of Business 42 SLEEPY HOLLOW TRAIL Suite, Apt. #, etc.		3. Mailing Address P.O. Box 220 Suite, Apt. #, etc.																													
City & State Palm Coast, Florida		City & State FLAGLER BEACH, Florida		4. FEI Number 65-1201470																											
Zip 32164		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent CONNER, TIMOTHY J 2 JUNGLE HUT ROAD, SUITE 1 PALM COAST FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																												
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MANAGING MEMBER ☐ Delete NAME ARTHUR M. BARR STREET ADDRESS 2626 S. CENTRAL AVENUE CITY-ST-ZIP FLAGLER BEACH, FL 32136 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE MEMBER ☒ Delete NAME GAIL BARR STREET ADDRESS 2626 S. CENTRAL AVENUE CITY-ST-ZIP FLAGLER BEACH, FL 32136 </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>			TITLE MANAGING MEMBER ☐ Delete NAME ARTHUR M. BARR STREET ADDRESS 2626 S. CENTRAL AVENUE CITY-ST-ZIP FLAGLER BEACH, FL 32136	☐ Change ☐ Addition	TITLE MEMBER ☒ Delete NAME GAIL BARR STREET ADDRESS 2626 S. CENTRAL AVENUE CITY-ST-ZIP FLAGLER BEACH, FL 32136	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 50%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Arthur M. Barr</u> 4.18.04 386.9346655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # <u>Arthur M. Barr</u> 5-24-04																															