

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046327

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: LIPSCOMB ENTERPRISES, LLC

## Current Principal Place of Business:

1590 EAST TENTH STREET  
STUART, FL 34994 US

## New Principal Place of Business:

1873 SE WASHINGTON ST  
STUART, FL 34997 US

## Current Mailing Address:

1590 EAST TENTH STREET  
STUART, FL 34994 US

## New Mailing Address:

1873 SE WASHINGTON ST  
STUART, FL 34997 US

FEI Number: 05-0596470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPSCOMB, JENNIFER L  
1590 EAST TENTH STREET  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

LIPSCOMB, JENNIFER L  
1873 SE WASHINGTON ST  
STUART, FL 34997 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:

04/28/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: LIPSCOMB, JENNIFER L  
Address: 1590 EAST TENTH STREET  
City-St-Zip: STUART, FL 34994 US

Title: MGR ( ) Delete  
Name: LIPSCOMB, MICHAEL A  
Address: 1590 EAST TENTH STREET  
City-St-Zip: STUART, FL 34994 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LIPSCOMB, JENNIFER L  
Address: 1873 SE WASHINGTON ST  
City-St-Zip: STUART, FL 34997 US

Title: MGR (X) Change ( ) Addition  
Name: LIPSCOMB, MICHAEL A  
Address: 1873 SE WASHINGTON ST  
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER LIPSCOMB

MGR

04/28/2005

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