
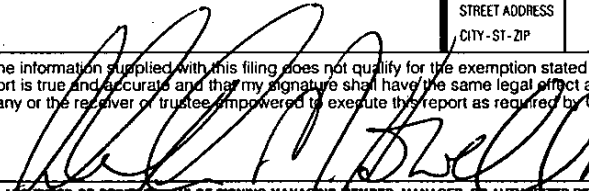


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90425 011 ****55.00

DOCUMENT # L03000048695					
1. Entity Name LIBBY ROAD, L.L.C.					
Principal Place of Business 1380 GRAND HIGHWAY, SUITE 200 CLERMONT, FL 34711			Mailing Address P.O. BOX 120389 CLERMONT, FL 34712-0389		
2. Principal Place of Business 1000 E. Highway 50 Suite, Apt. #, etc. SUITE B City & State Clermont, FL Zip 34711		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2419133		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOWELL, ALEX 1380 GRAND HIGHWAY, SUITE 200 CLERMONT, FL 34711	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 E. Hwy 50 - 2ND Floor Suite B City Clermont FL Zip Code 34711				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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOWELL, ALEX 1380 GRAND HIGHWAY, SUITE 200 CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000 E. Hwy 50 - 2ND Floor - Suite B Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Alexander Howell 3/29/05 (352) 240-9989					