

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021701

Entity Name: LUCY G. TOWNSEND, LLC

FILED  
Feb 07, 2008  
Secretary of State

## Current Principal Place of Business:

811 WN BOULEVARD  
LEESBURG, FL 34748

## New Principal Place of Business:

811 W. N. BOULEVARD  
LEESBURG, FL 34748

## Current Mailing Address:

811 WN BOULEVARD  
LEESBURG, FL 34748

## New Mailing Address:

811 W. N. BOULEVARD  
LEESBURG, FL 34748

FEI Number: 35-2227818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOWNSEND, LUCY G  
811 WN BOULEVARD  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

TOWNSEND, LUCY G  
811 W. N. BOULEVARD  
LEESBURG, FL 34748 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: CHARLES TOWNSEND

02/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: TOWNSEND, LUCY G  
Address: 811 WN BOULEVARD  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: TOWNSEND, CHARLES  
Address: 811 W. N. BLVD.  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES TOWNSEND

VP

02/07/2008

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