


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90031 029 ****50.00

DOCUMENT # L04000058793					
1. Entity Name L.B. & G.Y. LLC					
Principal Place of Business 4083 CLOCKTOWER DRIVE PORT ORANGE, FL 32129			Mailing Address 4083 CLOCKTOWER DRIVE PORT ORANGE, FL 32129		
2. Principal Place of Business Florida		3. Mailing Address 448 Simco Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coldwater, Michigan		4. FEI Number 51-0515904	
Zip		Country USA		Applied For Not Applicable	
Zip 49036		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGGETT, WILLIAM 4083 CLOCKTOWER DRIVE PORT ORANGE, FL 32129			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 _____ (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	MGRM LIGGETT, WILLIAM 4083 CLOCKTOWER DRIVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARRY BARR 448 Simco Dr. Coldwater, Mich. 49036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARY YOUNG ROOSEVELT ST BROWNSON, Mich. 49028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>Larry Barr</u> LARRY BARR <u>4/12/05</u> <u>269-268-7940</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					