

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058793

Entity Name: L.B. & G.Y. LLC

FILED  
Feb 03, 2008  
Secretary of State

**Current Principal Place of Business:**

4083 CLOCKTOWER DRIVE  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

448 SIMCO DRIVE  
COLDWATER, MI 49036 US

**New Mailing Address:**

FEI Number: 51-0515904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIGGETT, WILLIAM  
4083 CLOCKTOWER DRIVE  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIGGETT, WILLIAM  
Address: 4083 CLOCKTOWER DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM ( ) Delete  
Name: BARR, LARRY  
Address: 448 SIMCO DRIVE  
City-St-Zip: COLDWATER, MI 49036

Title: MGRM ( ) Delete  
Name: YOUNCE, GARY  
Address: ROOSEVELT STREET  
City-St-Zip: BRONSON, MI 49028

**ADDITIONS/CHANGES:**

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

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

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

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: LARRY BARR

OWNE

02/03/2008

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