


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT.**

**FILED**

**May 13, 2005 8:00 am  
Secretary of State**

04-21-2005 90027 023 \*\*\*\*50.00

<b>DOCUMENT # L04000069143</b>			
1. Entity Name <b>BABCOCK MARKETPLACE, LLC</b>			
Principal Place of Business <b>1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901</b>		Mailing Address <b>1396 SOUTH BABCOCK STREET MELBOURNE, FL 32901</b>	
2. Principal Place of Business <b>145 ORLANDO BLVD</b>		3. Mailing Address <b>145 ORLANDO BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>INDIALANTIC, FL</b>		City & State <b>INDIALANTIC, FL</b>	
Zip <b>32903</b>	Country	Zip <b>32903</b>	Country
4. FEI Number <b>20-2813069</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>SPECHT, LISA A GRAY ROBINSON, P.A. 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	<b>KENNETH E. ALLEN</b> <input type="checkbox"/> Delete <b>145 ORLANDO BLVD</b> <b>INDIALANTIC, FL 32903</b>	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
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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: <b>L. E. Allen</b>		Date: <b>4-19-05</b>	

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