


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000010743  
 1. Entity Name  
 BYRD & STITZEL PROPERTY GROUP I, L.L.C.



Principal Place of Business 206 NORTH COLLINS STREET PLANT CITY, FL 33563	Mailing Address 206 NORTH COLLINS STREET PLANT CITY, FL 33563
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-4225600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, JOHNNIE B JR  
 206 NORTH COLLINS STREET  
 PLANT CITY, FL 33563

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000902077  
 04/29/08-80095-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYRD, JOHNNIE B JR 206 NORTH COLLINS STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STITZEL, D. HOWARD III 206 NORTH COLLINS STREET PLANT CITY, FL 33563
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Johnnie B. Byrd, Jr.      JOHNNIE B. BYRD, JR.      04/08/08 (813) 759-1224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #