

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012651

Entity Name: GIBBS SON, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

12723 82ND TERRACE NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

5601 N EQUESTRIAN TERR
CRYSTAL RIVER, FL 34428 US

Current Mailing Address:

PO BOX 3153
SEMINOLE, FL 337753153 US

New Mailing Address:

5601 N EQUESTRIAN TERR
CRYSTAL RIVER, FL 34428 US

FEI Number: 13-4321395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, ROBERT N
5614 GRAND BLVD.
NEW PORT RICHEY, FL 34652 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: BAGGERLY, PRESTON S
Address: 12723 82ND TERRACE NORTH
City-St-Zip: SEMINOLE, FL 33776 US

Title: MGR () Delete
Name: BAGGERLY, II, PRESTON S
Address: 12723 82ND TERRACE NORTH
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAGGERLY, PRESTON S
Address: 5601 N EQUESTRIAN TERR
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: MGR (X) Change () Addition
Name: BAGGERLY, II, PRESTON S
Address: 1900 LITTLE ELM TRAIL, #75
City-St-Zip: CEDAR PARK, TX 78613 US

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: PRESTON S BAGGERLY

MGRM

04/30/2009

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