

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075838

FILED
Apr 28, 2009
Secretary of State

Entity Name: LIPSCOMB FAMILY REAL ESTATE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3791 EDISON AVE
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3791 EDISON AVE
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-5648799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSCOMB, JACK L
3791 EDISON AVE
FORT MYERS, FL 33916 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: LIPSCOMB, JACK L
Address: 3791 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM () Delete
Name: LIPSCOMB, KAREN L
Address: 3791 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM () Delete
Name: LIPSCOMB, KEVIN M
Address: 1018 S.W. 23RD STREET
City-St-Zip: CAPE CORAL, FL 33990

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: JACK LIPSCOMB

PRES

04/28/2009

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