2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - ~~DUE BY~~ MAY 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000113459

1. Entity Name
LIPFORD, LLC

Principal Place of Business	Mailing Address
PAT ABBITT 8927 S.W. 42ND PLACE GAINESVILLE FL 32608	SARAH STONE 8601 S.W. 113TH AVENUE GAINEVILLE FL 32608

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-5988951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTTS, ROBERT P ESQ. FISHER, BUTTS, SECHREST & WARNER, P.A. 5203 S.W. 91ST TERRACE, SUITE D GAINESVILLE FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABBITT, PAT		NAME		
STREET ADDRESS	8927 S.W. 42ND PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STONE, SARAH		NAME		
STREET ADDRESS	8601 S.W. 113TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	U00000796487	
TITLE		☐ Delete	TITLE	01/29/08-80034-024 138.75	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sarah L Stone Sarah L. Stone Jan 22, 2008 352-395-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #