

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001126

1. Entity Name
LGC, LLC



Principal Place of Business
3203 W PARKLAND BLVD
TAMPA, FL 33609

Mailing Address
3203 W PARKLAND BLVD
TAMPA, FL 33609



03192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3523210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWNBY, TJ
3203 W PARKLAND BLVD.
TAMPA, FL 33609

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

1100000477578
04/06/06-80056-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEPUY, CHARLES B
STREET ADDRESS	1007 SOUTH STERLING AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	DEPUY, ANNELES J
STREET ADDRESS	1007 SOUTH STERLING AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	OWNBY, T J
STREET ADDRESS	3203 W. PARKLAND BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	OWNBY, JENIFER C
STREET ADDRESS	3203 W. PARKLAND BLVD.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	FOSTER, BERNADETTE S
STREET ADDRESS	4202 WATER OAKS LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	MGRM
NAME	FOSTER, JOHN P
STREET ADDRESS	4202 WATER OAKS LANE
CITY-ST-ZIP	TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MGRM
North, Skip
5905 Pelican Bay Plz S

MGRM
North, Jo Garie
5905 Pelican Bay Plz S