

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000009149

**FILED**  
**Mar 15, 2005**  
**Secretary of State**

**Entity Name:** BE GAINESVILLE PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 757  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 757  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-3567025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVARGNA, CARRIE S  
401 EAST OSCEOLA ST  
STUART, FL 34990 US

**Name and Address of New Registered Agent:**

TABOR, WILLIAM E  
30941 SUNEAGLE DRIVE  
MT. DORA, FL 32757 US

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: WILLIAM E. TABOR, JR

03/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BANNON, BARBARA  
Address: 1707 STETSON COURT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA BANNON

MGR

03/15/2005

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