

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000002160**

1. Entity Name  
LINBECK MCDONALD YORK LLC



Principal Place of Business  
801 OBERLINE ROAD, SUITE 235  
RALEIGH, NC 27605

Mailing Address  
801 OBERLINE ROAD, SUITE 235  
RALEIGH, NC 27605

**DO NOT WRITE IN THIS SPACE**



06132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
02-0390708

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 September 7, 2005**

000000373239  
07/18/05-80006-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MCDONALD, JACK  
STREET ADDRESS 801 OBERLINE ROAD, SUITE 235  
CITY-ST-ZIP RALEIGH, NC 27605

TITLE MGR  
NAME CROWLEY, MICHAEL  
STREET ADDRESS 801 OBERLINE ROAD, SUITE 235  
CITY-ST-ZIP RALEIGH, NC 27605

TITLE MGR  
NAME KENNEDY, JOHN  
STREET ADDRESS 801 OBERLINE ROAD, SUITE 235  
CITY-ST-ZIP RALEIGH, NC 27605

TITLE MGR  
NAME YORK, SMEDES  
STREET ADDRESS 801 OBERLINE ROAD, SUITE 235  
CITY-ST-ZIP RALEIGH, NC 27605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Donald W. Betts* **Donald W. Betts** 7-13-05 719-277-1061