

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M96000000128

1. Entity Name

LINEBERGER & CO., L.L.C.



Principal Place of Business

272 NORTH 20TH ST.
JACKSONVILLE BEACH FL 32250

Mailing Address

1120 BOSTON POST ROAD
DARIEN CT 06820



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2865357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINEBERGER, JAMES E
725 PALM TRAIL
DELRAY BEACH FL 33444

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
LINEBERGER, JAMES E
725 PALM TRAIL
DELRAY BEACH FL 33444 ☐ Delete

TITLE
NAME
000000623970 ☐ Change ☐ Addition
02/14/07-80012-001 55.00

TITLE
NAME
MGRM
LINEBERGER, JAMES E JR
76 RELIHAN RD
DARIEN CT 06820 ☐ Delete

TITLE
NAME
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

1/19/07