



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # M00000001325 1. Entity Name WARMACK AND COMPANY, L.L.C.	
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Principal Place of Business 30 MORRIS LANE TEXARKANA, TX 75503-2115	Mailing Address 30 MORRIS LANE TEXARKANA, TX 75503-2115
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-2795888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUCK, THOMAS C
 312 S. HARBOR CITY BLVD.
 MELBOURNE, FL 32901

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARMACK, ED 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, GEORGE 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JOHN 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JAMES 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, DANIEL 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000639159
 04/19/07-80031-015 50.00

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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:  3/29/07 903-838-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #