

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90135 008 \*\*\*\*50.00

00001700



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1290258**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**BRANNON, RONNIE L JR**  
**47 SHIPPYARD ROAD**  
**FREEPORT, FL 32439**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRANNON, RONNIE L JR	
STREET ADDRESS	47 SHIPPYARD ROAD	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRANNON, RONNIE L SR	
STREET ADDRESS	P.O. BOX 504	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRANNON, SCOTT A	
STREET ADDRESS	P.O. BOX 332	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANDREWS, ANGUS (GUS)	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JONES, WAYNE	
STREET ADDRESS	184 TWELVE OAK LANE	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/06