2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001325

WARMACK AND COMPANY, L.L.C.

FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

30 MORRIS LANE

30 MORRIS LANE TEXARKANA, TX 75503-2115

TEXARKANA, TX 75503-2115



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-2795888	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of chathe obligations of registered agent. 	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	OATE
Filing Fee is \$50.00 Due by May 1, 2006		

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
ITILE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JAMES 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET AODRESS CHY-ST-ZIP	V WARMACK, DANIEL 30 MORRIS LANE TEXARKANA, TX 75503
IIILE NAME STREET ADDRESS CITY-ST-ZIP	

U00000550125 05/13/06-80049-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the Information supplied with this filling 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 employered 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

Daytime Phone #