


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90197 001 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L00000001329</b><br>1. Entity Name<br>SUBWAY 11536, L.L.C. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>1299 POINT EAST CIRCLE<br>GULF BREEZE, FL 32563 | Mailing Address<br>1299 POINT EAST CIRCLE<br>GULF BREEZE, FL 32563 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-LLC

CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3617947 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>YATES, GREGORY H<br>1299 POINT EAST CIRCLE<br>GULF BREEZE, FL 32563 |
|---|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>YATES, GREGORY H<br>1299 POINT EAST CIRCLE<br>GULF BREEZE, FL 32563 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>YATES, DONNA G<br>1299 POINT EAST CIRCLE<br>GULF BREEZE, FL 32563   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

|  |            |                       |
|--|------------|-----------------------|
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Date _____ | Daytime Phone # _____ |
|--|------------|-----------------------|