

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005830

Entity Name: BUSHWACKER, L.L.C.

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

22 PEACHTREE ST.  
BIRMINGHAM, AL 35213

## New Principal Place of Business:

21 WEST MONTCREST DRIVE  
BIRMINGHAM, AL 35213

## Current Mailing Address:

22 PEACHTREE ST.  
BIRMINGHAM, AL 35213

## New Mailing Address:

21 WEST MONTCREST DRIVE  
BIRMINGHAM, AL 35213

FEI Number: 63-1254366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.  
5365 E. COUNTY HWY 30-A STE 105  
SEAGROVE BEACH, FL 32459 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JACKSON, RONALD C  
Address: 4788 SANDPIPER LANE  
City-St-Zip: BIRMINGHAM, AL 35244

Title: MGRM ( ) Delete  
Name: TILL, KENNETH W  
Address: 22 PEACHTREE ST  
City-St-Zip: BIRMINGHAM, AL 35213

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TILL, KENNETH W  
Address: 21 WEST MONTCREST DRIVE  
City-St-Zip: BIRMINGHAM, AL 35213

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH W. TILL

MGRM

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date