## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000006262**

1. Entity Name BREESE, CRAFT & HENSLEY, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE A

Mailing Address

990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714

## FILED Feb 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02022008 No Chg-LLC CR2E083 (11/05)

4.	FEI Number	
	59-3648890	

Applied Far
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAFT, JOHN A III 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed nerve of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAFT, JOHN A III 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714		, <u>u ma tam</u> . d.	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			080000447716 03/08/06/80068-016/58.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN 7	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby Indicated limited lis	certify that the information supplied with this filing does not on this report is true and accurate and that my signature ability company or the reported or trustee empowered to expensive or trustee empowered to examine	t qualify for the exemptions contained in Chapter 11 Shall have the same legal effect as if made under or ecute this report as required by Chapter 608. Florid	Florida Statutes. I further certify that the information alli, that I am a managing member or manager of the a Statutes.	