


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90148 026 ****50.00

DOCUMENT # L00000007245	
1. Entity Name GATHEN HOLDINGS, L.C.	

Principal Place of Business 88 MARK STREET DESTIN, FL 32541	Mailing Address 4424 COMMONS DRIVE SUITE B-103 #248 DESTIN, FL 32541
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20003370



2. Principal Place of Business 20 MISTY WATER LANE	3. Mailing Address 20 MISTY WATER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252006 Chg-LLC CR2E083 (11/05)

City & State MARY ESTHER, FL	City & State MARY ESTHER, FL
Zip 32569	Country OKALOOSA
Zip 32569	Country OKALOOSA

4. FEI Number
59-3657877

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent GATHEN, JAMES R 88 MARK STREET DESTIN, FL 32541	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 20 MISTY WATER LANE	
City MARY ESTHER	FL Zip Code 32569

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 **JAMES R. GATHEN** *James R. Mather* **1/25/06**

Signature, typed or printed name of registered agent and title if applicable (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATHEN, JAMES R 88 MARK ST DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 MISTY WATER LANE MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JAMES R. GATHEN** *James R. Mather* **1/25/06** **913-529-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #