2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008258

1. Entity Name
CANOPY, LLC

Principal Place of Business	Mailing Address
563 CANAL ROAD PONTE VEDRA BEACH, FL 32082	P.O. BOX 672 PONTE VEDRA BEACH, FL 32004

DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3658441	Not Applicable

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

6. Name and Address of Current Registered Agent

~~MOTOLAW, INC.~~ *SONNY MARTIN*
~~50 NORTH LAURA STREET, SUITE 2500~~ *4887 BELFORT ROAD #201*
JACKSONVILLE, FL ~~32202~~ *32256*

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

SONNY MARTIN   DATE *3/24/06*

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	GAY, ALPHA A
STREET ADDRESS	P.O. BOX 672 (563 CANAL RD.)
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320040672

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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: *Alpha A. Gay* (Alpha A. Gay)   *March 24 2006*   (904) 285-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #