2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000016065

1. Entity Name
ARREDONDO, LLC

Principal Place of Business	Mailing Address
6124 SW 30TH AVENUE GAINESVILLE, FL 32608-2120	6124 SW 30TH AVENUE GAINESVILLE, FL 32608-2120

DO NOT WRITE IN THIS SPACE

01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3688108

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DICKINSON, SARAH B
6124 SW 30TH AVENUE
GAINESVILLE, FL 32608-2120

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	DICKINSON, JOSHUA C III
STREET ADDRESS	6124 SW 30TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 326082120
TITLE	MGRM
NAME	DICKINSON, SARAH B
STREET ADDRESS	6124 SW 30TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 326082120
TITLE	MGR
NAME	BINGHAM DICKINSON, MATTHEW
STREET ADDRESS	1722 DOONE RD
CITY-ST-ZIP	COLUMBUS, OH 43221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369395
01/20/06-80047-001 55.00

DO NOT WRITE 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.

SIGNATURE: SARAH B. DICKINSON 1/10/06 352-3732377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #