2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 A
Secretary of State

DOCUMENT # L01000002974

1. Entity Name
LUNDCO, L.L.C.

Principal Place of Business	Mailing Address
436 ARCHAIC DR SW WINTER HAVEN, FL 33880	436 ARCHAIC DR SW WINTER HAVEN, FL 33880

01052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3707307
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUND, DOUG N
436 ARCHAIC DR SW
WINTER HAVEN, FL 33880

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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 _____ 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

100000404013
02/06/06-80030-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LUND, DOUG N
STREET ADDRESS	436 ARCHAIC DR SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	MGR
NAME	LUND, TYRONE D
STREET ADDRESS	7127 PEBBLE PATH LOOP
CITY-ST-ZIP	LAKEALND, FL 33810
TITLE	MGR
NAME	LUND, JOSHUA D
STREET ADDRESS	4135 EL CAMINO REAL WEST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGR
NAME	HICKEY, BILL
STREET ADDRESS	2301 COLONY CLUB DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-23-06 863-299-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #