

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 004 \*\*\*\*50.00

**DOCUMENT # L01000003264**

1. Entity Name  
**LACKEY, L.L.C.**



Principal Place of Business  
**700 MIRROR TERRACE NW, APT. 210  
WINTER HAVEN, FL 33881**

Mailing Address  
**700 MIRROR TERRACE NW, APT. 210  
WINTER HAVEN, FL 33881**

**20010247**



2. Principal Place of Business  
**250 MAGNOLIA AVENUE SW**

3. Mailing Address  
**250 MAGNOLIA AVENUE SW**

Suite, Apt. #, etc.  
**SUITE 200 - SECOND FLOOR**

Suite, Apt. #, etc.  
**SUITE 200 - SECOND FLOOR**

02172006 Chg-LLC CR2E083 (11/05)

City & State  
**WINTER HAVEN, FL**

City & State  
**WINTER HAVEN, FL**

Zip  
**33880-2901**

Country  
**USA**

Zip  
**33880-2901**

Country  
**USA**

4. FEI Number  
**59-3719193**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WATSON, EDNA JANE  
700 MIRROR TERRACE NW, APT. 210  
WINTER HAVEN, FL 33881**

**7. Name and Address of New Registered Agent**

Name  
**WILLIAM C. WATSON**

Street Address (P.O. Box Number is Not Acceptable)  
**250 MAGNOLIA AVENUE SW**

**SUITE 200 - SECOND FLOOR**

City  
**WINTER HAVEN, FL** Zip Code  
**33880-2901**

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]* **WILLIAM C. WATSON, REG. AGENT** **FEBRUARY 21, 2006**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR** ☐ Delete

NAME  
**WATSON, WILLIAM C**

STREET ADDRESS  
**603 6TH STREET NW**

CITY-ST-ZIP  
**WINTER HAVEN, FL 33881**

TITLE  
**MGR** ☐ Delete

NAME  
**WATSON, EDNA JANE**

STREET ADDRESS  
**700 MIRROR TERRACE NW, APT. 210**

CITY-ST-ZIP  
**WINTER HAVEN, FL 33881**

TITLE  
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**10. ADDITIONS/CHANGES**

TITLE  
☒ Change ☐ Addition

NAME  
**WATSON, WILLIAM C**

STREET ADDRESS  
**250 MAGNOLIA AV SW - SUITE 200 - 2ND FLR**

CITY-ST-ZIP  
**WINTER HAVEN, FL 33880-2901**

TITLE  
☒ Change ☐ Addition

NAME  
**WATSON, EDNA JANE**

STREET ADDRESS  
**250 MAGNOLIA AV SW - STE 200 - 2ND FLR**

CITY-ST-ZIP  
**WINTER HAVEN, FL 33880-2901**

TITLE  
☐ Change ☐ 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:**

*[Signature]*  
**WILLIAM C. WATSON, MANAGER**

**FEBRUARY 21, 2006 863-294-4149**

Date Daytime Phone #