


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000003812</b>		
1. Entity Name MOULTRIE-CFS, LLC		
Principal Place of Business 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217	Mailing Address 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SKINNER, CHRISTOPHER F 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<div>000000531019</div> <div>05/06/06-80023-003 50.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, CHRISTOPHER F 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217	
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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 <u>C. F. Skinner</u> <u>CHRISTOPHER F. SKINNER</u> <u>4-20-06</u> <u>904-737-4915</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3739294

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required