


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000010119</b> 1. Entity Name <b>ROBERT &amp; CHRISTINE CUNNINGHAM, LLC</b>	
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Principal Place of Business <b>140 PORTO SALVO DR. ISLAMORADA, FL 33036</b>	Mailing Address <b>PO BOX 702 TAVERNIER, FL 33070</b>
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**DO NOT WRITE IN THIS SPACE**



07062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-1115922</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CUNNINGHAM, ROBERT A 128 PACIFIC AVE TAVERNIER, FL 33070</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CUNNINGHAM, CHRISTINE M 128 PACIFIC AVE TAVERNIER, FL 33070</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CUNNINGHAM, ROBERTA 128 PACIFIC AVE. TAVERNIER, FL 33070</b>
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IN THIS SPACE**

U00000568809  
07/10/06-80008-016 50.00

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:**  **R.A. CUNNINGHAM** 7/6/06 305-664-0146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #