

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012619

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** THOMAS F. HUDGINS, ATTORNEY AT LAW, PLLC

**Current Principal Place of Business:**

791 10TH ST. SOUTH, STE. B  
NAPLES, FL 34102

**New Principal Place of Business:**

801 12TH AVENUE SOUTH  
SUITE 200  
NAPLES, FL 34102

**Current Mailing Address:**

791 10TH ST. SOUTH, STE. B  
NAPLES, FL 34102

**New Mailing Address:**

801 12TH AVENUE SOUTH  
SUITE 200  
NAPLES, FL 34102

**FEI Number:** 59-3733977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDGINS, THOMAS F  
791 10TH ST. SOUTH,  
STE. B  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

HUDGINS, THOMAS F  
801 12TH AVENUE SOUTH  
SUITE 200  
NAPLES, FL 34102 US

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.

SIGNATURE: THOMAS F. HUDGINS

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUDGINS, THOMAS F  
Address: 791 10TH ST. SOUTH, STE. B  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUDGINS, THOMAS F  
Address: 801 12TH AVENUE SOUTH, SUITE 200  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS F. HUDGINS

MGRM

01/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date