2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)						FILED Apr 19, 2006 8:00 am Secretary of State			
DOCUMENT # L01000018519 1. Entity Name						Secretary of 04-19-2006 90021 036			
R.W. JOY	NER & SO	ONS, L.L.C.							
Principal Plac	e of Busines:	>	Mailing Address	•	•	1			
2373 W HERMAN ST PENSACOLA FL 32505			P.O. BOX 175 GULF BREEZE FL 325	62					
2. Principal P		e s	3. Mailing Address				- Herman A	Filler ter taran	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083	3 (10/05)		
City & State	e		City & State	City & State		4. FEI Number 59-3751528	No	pplied For ot Applicable	
Zip	,		Zip	Country		5. Certificate of Status Desired	\$5.00 Add Fee Require	ditional id	
	6. Name	and Address of Curre	Int Registered Agent		Name	7. Name and Address of New Registered	Agent		
237:	NER, R. F 3 W HERI	RANDAL MAN ST FL 32505				Street Address (P.O. Box Number is Not Acceptable)			
PEN	ISACULA	FL 32505							
					City	FL			
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									
FILE NOW !!! FEE IS \$50.00									
			Make Check Payab	1900	lorida Departme lay 1, 2006	nt of State			
9.		MANAGING MEN	IBERS/MANAGERS	10.	and the second second	ADDITIONS/CHANGES	s		
DTLE	MGRM			דודו.			Change	Addition	
				NAMI STRE					
STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32505			CIT		· · · ·			
TITLE NAME	MGRM JOYNER, R. RANDAL		Delete	TITL			Change	Addition	
STREET ADDRESS CITY - ST-ZIP				STREEL CITY-S					
TITLE NAME			🗖 Delete	TITE NAM	1		🗌 Change	Addition	
STREET ADDRESS	2373 W HE	RICHARD A ERMAN ST		-	REET ADDRESS				
CITY-ST-ZIP		LA FL 32505			Y-ST-ZIP				
TITLE NAME	JOYNER, F	OREDT S	Delete	TITL NAM			🗋 Change	Addition	
STREET ADDRESS	2373 W HE				REET ADDRESS				
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TITLE NAME			Delete	TITI			🛄 Change	Addition	
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					Y-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Rendel Joyner 3-4-06 850-438.4956									
SIGNATURE:									