2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L02000002673

Entity Name: ADVANCE PEST MANAGEMENT LLC

Current Principal Place of Business:

3320 LENOX AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

3320 LENOX AVENUE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3708181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERR, RUTH ANN
10215 DENTON ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KERR, CHARLES J
Address: 10215 DENTON RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR ( ) Delete
Name: CARTER, JOEL T
Address: 16851 ETHEL RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR ( ) Delete
Name: GOODROE, STEVEN W
Address: 15315 PARETE RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CARTER, JOEL T
Address: 10876 APPLE BLOSSOM TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES J. KERR MGRM 04/24/2006

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