# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# L02000017214

**Entity Name:** REEL ADDICTION, LLC

**Current Principal Place of Business:**

5600 N. DAVIS HIGHWAY
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

3890 PASCO ST.
PENSACOLA, FL 32505 US

**Current Mailing Address:**

P O BOX 9547
PENSACOLA, FL 32513 US

**New Mailing Address:**

**FEI Number: 03-0468143** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCGRAW, ARTICE L
817 N. PALAFOX STREET
PENSACOLA, FL 32501 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: JONES, ROCKY W
Address: 5600 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM ( ) Delete
Name: JONES, ROBERT L
Address: 5600 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JONES, ROCKY W
Address: 3890 PASCO ST.
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM (X) Change ( ) Addition
Name: JONES, ROBERT L
Address: 3890 PASCO ST.
City-St-Zip: PENSACOLA, FL 32505 US

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: ROCKY W. JONES MGRM 04/27/2006

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