


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILE

Jan 25, 2006

Secretary

DOCUMENT # L02000020831 1. Entity Name WARTHOG ENTERPRISES, LLC	
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Principal Place of Business 3 WHEELING LANE PALM COAST, FL 32164	Mailing Address 3 WHEELING LANE PALM COAST, FL 32164
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DO NOT WRITE IN THIS SPACE

01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 82-0559795	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, SUZANNE C 3 WHEELING LANE PALM COAST, FL 32164	DO NOT WRITE IN THIS SPACE
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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 _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LEWIS, SUZANNE C
STREET ADDRESS	3 WHEELING LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	TRUTWIN, CARRIE L
STREET ADDRESS	3 WHEELING LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	LEWIS, REID M
STREET ADDRESS	3 WHEELING LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000401344
02/02/06-80040-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Suzanne C. Lewis</u> <u>Suzanne C. Lewis</u> <u>1/23/06</u> <u>386 864 0478</u>	Date Daytime Phone #
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <u>[Signature]</u>	Date Daytime Phone #
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