

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021489

1. Entity Name
WAKULLA BUILDERS, LLC



Principal Place of Business
**508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL**

Mailing Address
**508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
51-0430327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIENER, BRUCE I
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TURNER, FREDERICK E
STREET ADDRESS	508-A CAPITAL CIRCLE, S.E.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	TURNER, DOUGLAS E
STREET ADDRESS	508-A CAPITAL CIR SE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06 00087-010 50.00

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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: *[Signature]* Douglas E. Turner 3/31/06 850-656-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #