

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025378

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** WILLIAM R. GADDIE& ASSOCIATES LLC

**Current Principal Place of Business:**

4618 BAYWOOD DR  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

3391 STATE AVE  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

4618 BAYWOOD DR  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

3391 STATE AVE  
PANAMA CITY, FL 32405 US

**FEI Number:** 40-2387658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GADDIE, WILLIAM R  
4618 BAYWOOD DR  
LYNN HAVEN, FL 32444 US

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

GADDIE, WILLIAM R  
3391 STATE AVE  
PANAMA CITY, FL 32405 US

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: WILLIAM R GADDIE

04/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GADDIE, WILLIAM R  
Address: 4618 BAYWOOD DR  
City-St-Zip: LYNN HAVEN, FL 32444 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GADDIE, WILLIAM R  
Address: 3391 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405 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: WILLIAM R GADDIE

MGR

04/13/2006

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