


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90226 049 \*\*\*\*50.00

<b>DOCUMENT # L02000026546</b> 1. Entity Name <b>W.P. &amp; M.J. WRIGHT FAMILY, L.L.C.</b>					
Principal Place of Business <b>61975 RIVER ROAD CALLAHAN, FL 32011</b>			Mailing Address <b>61975 RIVER ROAD CALLAHAN, FL 32011</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>52-2413536</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLACKBURN &amp; COMPANY, L.C. 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, MATTIE JEAN		NAME	<b>21957 River Road</b>	
STREET ADDRESS	RT 1 BOX 1400, 8643 RIVER RD		STREET ADDRESS	<b>Callahan FL 32011-6297</b>	
CITY-ST-ZIP	CALLAHAN, FL 32011		CITY-ST-ZIP	<b>Callahan FL 32011-6297</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Mattie Jean Wright MATTIE JEAN WRIGHT 2-22-06 (904) 879-3743</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					