

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027291

FILED
Jan 17, 2006
Secretary of State

Entity Name: SPAETH, DORRELL & CULLENS, LLC

Current Principal Place of Business:

601 ROOSEVELT BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 369
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 54-2083704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAETH, EDWARD H
5328 MACOSO CT
NEW PORT RICHEY, FL 34655 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: SPAETH, EDWARD H
Address: 5328 MACOSO CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: DORRELL, DANIEL F
Address: PO BX 73
City-St-Zip: SEBRING, FL 338710073

Title: MGRM () Delete
Name: CULLENS, CHARLES S
Address: PO BOX 341
City-St-Zip: SEBRING, FL 338710341

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: DORRELL, DANIEL F
Address: PO BX 73
City-St-Zip: SEBRING, FL 338710073

Title: M (X) Change () Addition
Name: CULLENS, CHARLES S
Address: PO BOX 341
City-St-Zip: SEBRING, FL 338710341

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: ED SPAETH

MGRM

01/17/2006

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