

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000029956

1. Entity Name
RUFFWATERS, LLC



Principal Place of Business 3501-B N. PONCE DELEON BLVD. SUITE 254 ST. AUGUSTINE FL 32084 US	Mailing Address 3501-B N. PONCE DELEON BLVD. SUITE 254 ST. AUGUSTINE FL 32084 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACKARD, WILLIAM R JR
2468 ATLANTIC BLVD
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P	NAME WOODRUFF, GEORGE B CAPT	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS 3501-B N. PONCE DELEON BLVD.			STREET ADDRESS		
CITY-ST-ZIP ST. AUGUSTINE FL 32084			CITY-ST-ZIP		
TITLE VP	NAME WOODRUFF, ELIZABETH W	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS 3501-B N. PONCE DELEON BLVD.			STREET ADDRESS		
CITY-ST-ZIP ST. AUGUSTINE FL 32084			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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 Section 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 609, Florida Statutes.

SIGNATURE: Capt George Woodruff 2/15/06 (904) 662-7792