


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031911

1. Entity Name
WARFEL HOLDINGS, LLC



Principal Place of Business
**11318 BUSINESS PARK BLVD.
JACKSONVILLE, FL 32256**

Mailing Address
**11318 BUSINESS PARK BLVD.
JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-LLC CR2E083 (11/05)

4. FES Number
06-1668003

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARFEL, ROSE A
6701 POTTSBURG DR
JACKSONVILLE, FL 32216**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WARFEL, CHARLES A 6701 POTTSBERG DR JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS WARFEL, ROSE A 6701 POTTSBURG DR JACKSONVILLE, FL 32216 |
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04/26/06-80111-013 50.00

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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: *L. Warfel* Date: 4/11/06 Daytime Phone #: 904/880-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE