

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008431

Entity Name: CAPTAIN DOC, L.L.C.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 802
CARRABELLE, FL 32322

New Principal Place of Business:

19 9TH STREET
APALACHICOLA, FL 32320

Current Mailing Address:

6400 PEAKE ROAD
MACON, GA 1210

New Mailing Address:

FEI Number: 56-2341690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMNER, INGO
P.O. BOX 802
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

BAILEY, CLAY
19 9TH STREET
APALACHICOLA, FL 32320 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: CLAY BAILEY

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNES, GEORGE
Address: 6400 PEAKE ROAD
City-St-Zip: MACON, GA 31210

Title: MGRM () Delete
Name: SUMNER, INGO
Address: P.O. BOX 802
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BAILEY, CLAY
Address: 19 9TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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: GEORGE A. BARNES

MGRM

04/11/2006

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