## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000009449

1. Entity Name

RED'S RUSTY ROOSTER, L.L.C.

FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1515 ST. ANDREWS BLVD PANAMA CITY, FL 32405 PO BOX 1307

PANAMA CITY, FL 32402



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2085599 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, CLIFFORD E 324 E. BEACH DR., UNIT 600 PANAMA CITY, FL 32401

## DO NOT WRITE IN THIS SPACE

| PANAMA CITY, FL 32401                          |   | IN THIS SPACE  |
|--|---|--|
| 8. The above the obligat                       | named entity submits this statement for the purpose of changing<br>tions of registered agent. | ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and life if applicable.                  | (NOTE: Registered Agent algebraic required when reinstating)  OATE   |
| a<br>G   | iling fee is \$50.60<br>ue by May 1, 2008   | 01/18/06-80046-018 <b>50.</b> 00   |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |
| Title<br>Name<br>Street address<br>City-ST-Zip | WN<br>HOLLAND, CLIFFORD E<br>324 E. BEACH DR. UNIT 600<br>PANAMA CITY, FL 32402               |  |
| HTLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | WN<br>HOLLAND, BETH G<br>324 E. BEACH DR UNIT 600<br>PANAMA CITY, FL 32402                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | DO NOT WRITE   |
| TYPLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| title<br>Name<br>Street Address                |   |  |

11. I hereby certify that the information supplied with this filling 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 508, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-06 850763-130

Daytime Phone #