



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009892		
1. Entity Name TICTOSTERONE LLC		
Principal Place of Business 5772 TIMUQUANA RD. JACKSONVILLE, FL 32210	Mailing Address 5772 TIMUQUANA RD. JACKSONVILLE, FL 32210	 01232006No Chg-LLC CR2E083 (11/05) 4. FEI Number 16-1658879 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006 1100000414880 02/11/06-80055-007 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENYON, MATTHEW E 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCARTHUR, WILLIAM A 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGRICOLA, WILLIAM 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210	
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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: <u>Matthew Kenyon</u> 11/31/06 904 394 8258 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		