## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED ... DOCUMENT # L03000011787 Apr 17, 2006 08:00 Al Secretary of State 1. Entity Name C.D. MURPHY ENTERPRISES, LLC Principal Place of Business Mailing Address 3750 AVOCADO DR 3750 AVOCADO DR LARGO, FL 33770 LARGO, FL 33770 02022006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0562537 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, CHRISTOPHER D DO NOT WRITE 3750 AVOCADO DR LARGO, FL 33770 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 Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) UU0000515824 Filing Fee is \$50.00 04/29/06-80224-017 50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MURPHY, CHRISTOPHER D NAME STREET ADDRESS 3750 AVOCADO DR CITY-ST-ZIP LARGO, FL 33770 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: ( ) Must Musely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGERS MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY ST-ZIP

TIFLE

NAME

STREET ADDRESS

4-12-6

Daytime Phone #