2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L03000012834

Entity Name: VOLLBERG, L.C.

Current Principal Place of Business:

2852 TAMIAMI TRAIL, SUITE 6
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2852 TAMIAMI TRAIL
SUITE 6
PORT CHARLOTTE, FL 33952

Current Mailing Address:

C/O DAVID A. HOLMES, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

2852 TAMIAMI TRAIL
SUITE 6
PORT CHARLOTTE, FL 33952

FEI Number: 37-1472926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMES, DAVID A ESQ.
99 NESBIT STREET
FARR, FARR, EMERICH, SIFRIT , HACKETT AND
PUNTA GORDA, FL 339503636 US

Name and Address of New Registered Agent:

VOLLBERG, CARLTON R MD
2852 TAMIAMI TRAIL
SUITE 6
PORT CHARLOTTE, FL 33952 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: CARLTON R. VOLLBERG 07/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VOLLBERG, CARLTON
Address: 2852 TAMIAMI TRAIL ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

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: CARLTON R. VOLLBERG MGR 07/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date