

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

06 AUG -1 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300078183773



07312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MONEY, MICHAEL  
~~5547 PENDRICK PLANTATION CIRCLE~~  
TALLAHASSEE, FL 32317

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5957 Buck Lake Rd.  
City Tallahassee FL Zip Code 32317

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGRM ☐ Delete  
NAME MONEY, MICHAEL  
STREET ADDRESS ~~5547 PENDRICK PLANTATION CIRCLE~~  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5957 Buck Lake Rd  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE MGRM ☐ Delete  
NAME CALLOWAY, JOHNNY  
STREET ADDRESS 5547 PENDRICK PLANTATION CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

7-31-06