## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 10, 2006 8:00 am & Secretary of State DOCUMENT # L03000022378 1. Entity Name 04-10-2006 90041 028 \*\*\*\*50.00 J.R. TERRELL, LLC Principal Place of Business Mailing Address 3482 TIBET DRIVE 1012 DUNROBIN DR ~~~~~~~/ FRANKLIN, TN 37067 **GULF BREEZE, FL 32563** US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0047648 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERRELL, JAMES R SR. Street Address (P.O. Box Number is Not Acceptable) 3482 TIBET DRIVE GULF BREEZE, FL 32563 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Change TITLE TITLE Delete Addition TERRELL, JAMES R SR NAME NAME 1012 DUNROBIN DR STREET ADDRESS STREET ADDRESS FRANKLIN, TN 37067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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