

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022524

FILED
May 03, 2006
Secretary of State

Entity Name: MACDILL MOVES OFFICES LLC

Current Principal Place of Business:

5151 SAN JOSE STREET
TAMPA, FL 33629

New Principal Place of Business:

5029 W GRACE ST
TAMPA, FL 33607

Current Mailing Address:

5151 SAN JOSE STREET
TAMPA, FL 33629

New Mailing Address:

5029 W GRACE ST
TAMPA, FL 33629

FEI Number: 51-0471945 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:

WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WICHMAN, MICHAEL R
Address: 5151 SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: NIEDERPRUEM, DON
Address: 5151 SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WICHMAN, MICHAEL R
Address: 5029 W GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: MGRM (X) Change () Addition
Name: NIEDERPRUEM, DON
Address: 5029 W GRACE ST
City-St-Zip: TAMPA, FL 33607

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: MICHAEL R WICHMAN

MGRM

05/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date