

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023293

FILED
Apr 25, 2006
Secretary of State

Entity Name: DRAWDY ENTERPRISES LLC

Current Principal Place of Business:

540 SW SAN JUAN PL
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

540 SW SAN JUAN PL
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 45-0532741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAWDY, J. BRUCE
540 SW SAN JUAN PL
LAKE CITY, FL 32025 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: DRAWDY, J. BRUCE
Address: 540 SW SAN JUAN PL
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM () Delete
Name: DRAWDY, JENNY S
Address: 540 SW SAN JUAN PL
City-St-Zip: LAKE CITY, FL 32025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: DRAWDY, J. BRUCE
Address: 540 SW SAN JUAN PL
City-St-Zip: LAKE CITY, FL 32025

Title: PRES (X) Change () Addition
Name: DRAWDY, JENNY S
Address: 540 SW SAN JUAN PL
City-St-Zip: LAKE CITY, FL 32025

Title: VP () Change (X) Addition
Name: DRAWDY, JENNY
Address: 540 SW SAN JUAN PL
City-St-Zip: LAKE CITY, FL 32025

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: J. BRUCE DRAWDY

PRES

04/25/2006

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