## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # L03000025479** 1. Entity Name LADICO, L.L.C. Principal Place of Business Mailing Address 101 ROSEHILL LANE PO BOX 429 UNICOI, TN 37692 UNICOI, TN 37692 03272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0470848 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAXLEY, MILTON H II DO NOT WRITE 1929 N.W. 12 TERRACE GAINESVILLE, FL 32609 IN THIS SPACE 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, 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 May 1, 2006 g. MANAGING MEMBERS/MANAGERS TITLE NAME MOORE, JESSICA STREET ADDRESS 36 SEMINOLE PATH 000000517770 05/01/06-80060-003 55.00 CITY-ST-ZIP WILDWOOD, FL 34785 THILE NAME STREET ADDRESS GITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MAME

11. I hereby certify that the information supplied with this filling 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 MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

Daytime Phone #

**FILED**