
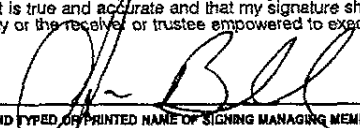


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000025912</b> 1. Entity Name BOLAND, LAWSON & WEBB L.L.C.		
Principal Place of Business 844 EAGLE VIEW DR. TALLAHASSEE, FL 32311	Mailing Address 844 EAGLE VIEW DR. TALLAHASSEE, FL 32311	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BOLAND, JEFFERY J 844 EAGLE VIEW DR. TALLAHASSEE, FL 32311		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BOLAND, JEFFERY J II 844 EAGLE VIEW DR. TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEBB, WAYNE S III 2100 WEST RANDOLPH CIRCLE TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAWSON, ORMAND Z III 9227 CARNES ESTATES DRIVE JONESBORO, GA 30236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAWSON, RYAN W 2513 WILLIAMETTE ROAD TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-6-06</u> (850) 544-0581 <small>Daytime Phone #</small>



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
81-0626221

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

000000381094  
01/11/06-80040-013 50.00

**DO NOT WRITE  
IN THIS SPACE**