2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				Jan 31, 2006 08:00 AM		
DOCU 1. Entity Nam	MENT # L03000028	783			ary of Stat	
PACK &	SHIP L.L.C.			/		
Principal Plac	e of Business	Mailing Address				
13430 GULF BEACH HIGHWAY PENSACOLA FL 32507		13430 GULF BEACH HIGHWAY PENSACOLA FL 32507				
2. Principal Place of Business		3. Mailing Address		11940/4014 # 44424 000 4100 41)	Maar III laar
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State		City & State		4. FEI Number 16-169017	7-7	Applied For
Zıp	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Ac	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New	Registered Agent	<u> </u>
YOUNG RURY R				(O.C. Barkland, and Nacharantan)		
13430 GULF BEACH HIGHWAY PENSACOLA FL 32507			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	·	7:00	
8. The above named entity submits this statement for the purpose of changing its				FL Zip Code		
SIGNATURE	tions of registered agent. Signalula, typed or printed mana of registered age	1 11 11 11 11 11 11 11 11 11 11 11 11 1	legistered Agent signature require	ed when reinstating)	DAIE	
·		Make Check Payable Due	to Florida Departme By May 1, 2006	- 18 to regard of the filter of The fall of the fall of the filter of the fall		
S. TITLE	MANAGING MEM	BERS/MANAGERS	TITLE	ADDITION	S/CHANGES Change	ئائىۋۇرۇرۇرۇر
NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, BRIAN 5700 FAIR OAK LANE PENSACOLA FL 32507		NAME STREET AUDRESS CITY-ST-ZIP	U000004 02/1 0/0 6-9	412363 30043-012 50.0	8
TITLE MAMIC STREET ADDRESS CHY-SI-ZIP	MGRM BURGESS-YOUNG, RUBY 5700 FAIR OAK LANE PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Adjiii
TITLE NAME STREET AUDRESS CITY-S1-ZIP		☐ Octobe	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addiii
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREE1 ADDRESS CITY-ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defore	TITLE NAME SHREET ADDRESS CHPF-ST-2P		☐ Change	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRLSS CITY-ST-ZIP		☐ Change	☐ Arter
indicated	certify that the information supplied of this report is true and accurate ability company or the receiver or true	and that my signature shall have t	he same legal effect as	if made under cath; that I am a n	: I lurther certify that the nanaging member of ma	information pager of th

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SIGNATURE: BBin Un B Bin Yours 1/18/2006 850 492-969