

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035976

1. Entity Name
CAUDLE TRUST, LLC



Principal Place of Business
**304 S. HARBOR CITY BLVD., STE. 201
MELBOURNE, FL 32901**

Mailing Address
**304 S. HARBOR CITY BLVD., STE. 201
MELBOURNE, FL 32901**



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6665207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DETTMER, DALE A
304 S. HARBOR CITY BLVD., STE. 201
MELBOURNE, FL 32901**

**DO NOT WRITE
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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DETTMER, DALE A
304 S. HARBOR CITY BOULEVARD, SUITE 201
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CAUDLE, JEANNE
PO BOX 410187
MELBOURNE, FL 329410187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/18/06-60031-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-06 321-723-5646