

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 038 ****50.00

20045363



04302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3706349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIOT, J.D.
5235-B WILLING STREET
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERCE, MARHA 6223 STARHILL DR. MILTON, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOT, JOHN DAVID 5235 B WILLING STREET MILTON, FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, THOMAS 11355 EVA LANE TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information indicated on this report is true and a limited liability company or the receiver

ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information / signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the vered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John*
SIGNATURE AND TYPED OR PRINTED NAME

Elliot John David Elliott
MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date *4/27/06* Daytime Phone # *(850) 623-0208*