


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90082 017 ****50.00

DOCUMENT # L03000039349	
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1. Entity Name
EL TORO, L.L.C.

Principal Place of Business
350 OLD BOSTON ROAD
THOMASVILLE, GA 31792

Mailing Address
P.O. BOX 5768
THOMASVILLE, GA 31758

2. Principal Place of Business
1120 W. GRIFFIN ROAD

3. Mailing Address
1120 W. GRIFFIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKELAND, FL

City & State
LAKELAND, FL

Zip
33805

Country
POLK

Zip
33805

Country
POLK

07102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
26-0076027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, MILES
425 MORNINGSIDE DRIVE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name
KRISTA WATKINS
Street Address (P.O. Box Number is Not Acceptable)
1120 W. GRIFFIN ROAD
City
LAKELAND **FL** Zip Code
33805

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

Krista M. Watkins

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DANIEL, JOHN N III
350 OLD BOSTON ROAD
THOMASVILLE, GA 31792 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILES WATKINS
1120 W. GRIFFIN ROAD
LAKELAND, FL 33805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

7/18/06 863 688 1102