

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040304

FILED
Jan 05, 2006
Secretary of State

Entity Name: BILLINGSLY ASSOCIATES, LLC

Current Principal Place of Business:

C/O DOROTHY M. BILLINGLY
12214 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Principal Place of Business:

C/O DOROTHY M. BILLINGLY
3259 COMMERCIAL WAY
SPRING HILL, FL 34606

Current Mailing Address:

C/O DOROTHY M. BILLINGSLY
12214 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Mailing Address:

C/O DOROTHY M. BILLINGSLY
3259 COMMERCIAL WAY
SPRING HILL, FL 34606

FEI Number: 20-0350138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGSLY, DOROTHY M
12214 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

BILLINGSLY, DOROTHY M
3259 COMMERCIAL WAY
SPRING HILL, FL 34606 US

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.

SIGNATURE: DOROTHY M. BILLINGSLY

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BILLINGSLY, DOROTHY M
Address: 12214 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BILLINGSLY, DOROTHY M
Address: 3259 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOROTHY M. BILLINGSLY

CEO

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date