


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L03000040541**

1. Entity Name  
**TOP GUN ENTERPRISES LLC**



Principal Place of Business  
**1501 REEDY COURT  
 JACKSONVILLE, FL 32259**

Mailing Address  
**1501 REEDY COURT  
 JACKSONVILLE, FL 32259**

**DO NOT WRITE IN THIS SPACE**



01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0343918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLEOD, MATTHEW P  
 1501 REEDY COURT  
 JACKSONVILLE, FL 32259**

**DO NOT WRITE IN THIS SPACE**

I, 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEOD, MATTHEW P 1501 REEDY COURT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEOD, KATHRYN A 1501 REEDY COURT JACKSONVILLE, FL 32259
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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:** *K. McLeod* **1/11/06 904-230-8415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #