


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90141 044 \*\*\*\*55.00

<b>DOCUMENT # L03000044519</b>	
1. Entity Name <b>JOHN V. GILBERT, LLC</b>	

Principal Place of Business <b>1579 SHELL POINT ROAD CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>1579 SHELL POINT ROAD CRAWFORDVILLE, FL 32327</b>
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2. Principal Place of Business <b>26 E.J. Stringer RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>26 E.J. Stringer Rd.</b> Suite, Apt. #, etc.
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City & State <b>Crawfordville, FL</b>	City & State <b>Crawfordville, FL</b>
Zip <b>32327</b>	Zip <b>32327</b>
Country <b>Wakulla</b>	Country <b>Wakulla</b>

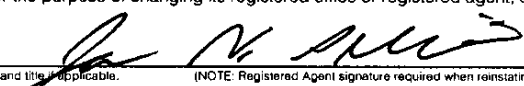


01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>32-0098274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GILBERT, JOHN V 1579 SHELL POINT ROAD CRAWFORDVILLE, FL 32327</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>26 E. J. Stringer Rd.</b> City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</b>
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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 John V. Gilbert  Feb 3, 2006  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERT, JOHN V 1579 SHELL POINT ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John V. Gilbert  Feb 3, 2006 850-528-0483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #