## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000045338** 1. Entity Name ROBERT C. GREGG, LLC Mailing Address

Principal Place of Business 7242 SPRINGHILL RD 7242 SPRINGHILL RD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305



SECRETARY OF STATE

04182006 No Chg-LLC

CR2E083 (11/05)

| 4.         | FEI Number |  |  |  |  |
|------------|------------|--|--|--|--|
| 59-2813973 |            |  |  |  |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and Ad | dress of | Current | Registered | Agent |
|----|------|--------|----------|---------|------------|-------|

GREGG, ROBERT C 7242 SPRINGHILL RD TALLADAÇCEE EL 2020E

## DO NOT WRITE

| IALLAHA                               | 33EE, FE 32303   | IN THIS SPACE  |  |  |
|---------------------------------------|--|--|--|--|
|                                       | named entity submits this statement for the purpose of changing its register ions of registered agent. | led office or registered agent, or both, in the State of Florida. I am familiar with, and accept |  |  |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registere         | d Agent signature required when reinstating) DATE  |  |  |
| Fi<br>De                              | iling Fee is \$50.00<br>ue by May 1, 2006  |  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREGG, ROBERT C 7242 SPRINGHILL RD TALLAHASSEE, FL 32305  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>GREGG, DIANE W<br>7242 SPRINGHILL RD<br>TALLAHASSEE, FL 32305                                  | 200072186942<br>04/27/0601003016 **\$0.00  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-2iP |  |  |  |  |
| TITLE                                 |  |  |  |  |

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.

NAME STREET ADDRESS CITY-ST-ZIP

> Robert C. Gregg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/18/06

850/576-2933

Daytime Phone #