



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046023 1. Entity Name RICK SPOONER LLC <i>Tallahassee</i>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">2006 FEB 27 AM 10:42</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 8300 WAKULLA SPRINGS RD. TALLAHASSEE, FL 32305 <i>1</i>				Mailing Address 8300 WAKULLA SPRINGS RD. TALLAHASSEE, FL 32305			
2. Principal Place of Business <i>Tallahassee</i>		3. Mailing Address <i>8300 Wakulla Springs Rd</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State TALLA		City & State FLA		4. FEI Number 33-1076531		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32305		Country Leon		Zip 32305		Country americ	
6. Name and Address of Current Registered Agent SPOONER, RICHARD 8300 WAKULLA SPRINGS RD. TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 <i>Richard Spooner</i> DATE <i>2-27-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	P <input type="checkbox"/> Delete SPOONER, RICHARD 8300 WAKULLA SPRINGS RD. TALLAHASSEE, FL 32305	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold; text-align: center;">800068105608</div> <div style="font-size: 0.8em; text-align: center;">03/20/06--01020--011 **50.00</div>				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete WARNER, MIKE 26 ANDREW SPEARS ROAD CRAWFORDVILLE, FL	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: <i>Richard Spooner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
						Date	Daytime Phone #