

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90026 045 ****50.00

DOCUMENT # L03000047621
 1. Entity Name
 THOMAS CRAIG SANTIAGO L.L.C.



Principal Place of Business
 1500 KITTY HAWK DR.
 GULF BREEZE, FL 32563

Mailing Address
 1500 KITTY HAWK DR.
 GULF BREEZE, FL 32563

00033130



2. Principal Place of Business
 3889 BAYWIND DR.
 Suite, Apt. #, etc.
 GULF BREEZE

3. Mailing Address
 3889 BAYWIND DR.
 Suite, Apt. #, etc.

04302006 Chg-LLC CR2E083 (11/05)

City & State
 GULF BREEZE FLA. GULF BREEZE, FLA.

Zip Country
 32563 SANTA ROSA 32563 SANTA ROSA

4. FEI Number
 26-6331428

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SANTIAGO, THOMAS C
 1500 KITTY HAWK DR.
 GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *X* _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SANTIAGO, THOMAS	1500 KITTY HAWK DR.	GULF BREEZE, FL 32563	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3889 BAYWIND DR.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *X* Thomas Santiago LLC 5-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #