



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049206 1. Entity Name RICHARD CHAMBLISS L.L.C.				FILED 06 FEB 13 AM 10:43	
Principal Place of Business 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304		Mailing Address 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304		SECRETARY OF STATE TALLAHASSEE, FLORIDA <div style="text-align: right; font-family: cursive;"> WC 02/13/06 </div>	
2. Principal Place of Business 147 Deer Run Ct Suite, Apt. #, etc. Havana Fla City & State 32333 Gadsden Zip Country		3. Mailing Address 147 Deer Run Ct Suite, Apt. #, etc. Havana Fla City & State 32333 Gadsden Zip Country		<div style="text-align: center;">  </div>	
4. FEI Number 050591777 APPLIED FOR		02132006 Chg-LLC CR2E083 (11/05)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAMBLISS, RICHARD 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 <u>Richard Chambliss</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMBLISS, RICHARD 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bernon C. Gilmore JR 5680 Blountstown Hwy Lot 20B Talla, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBLISS, LEWIS 630 RED FERN RD. HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY Fort Wayne 2711 Joe Thomas Rd 32310 Tall Fla	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUELTAW, JAMES JR 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 300066198833 02/20/06--01035--005 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, CHRIS 5680 BLOUNTSTOWN HWY, LOT B6 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 checked="" 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: <u>Richard Chambliss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	