


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000049957 1. Entity Name PAUL CLECKNER LLC |  |
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|---|---|
| Principal Place of Business 449 BARNES ROAD MONTICELLO, FL 32344 US | Mailing Address 449 BARNES ROAD MONTICELLO, FL 32344 US |
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03122006 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-0450753 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fees Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent CLECKNER, PAUL 449 BARNES ROAD MONTICELLO, FL 32344 |
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IN THIS SPACE**

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 _____
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**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLECKNER, PAUL 449 BARNES ROAD MONTICELLO, FL 32344 |
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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: *Paul Cleckner* **Paul Cleckner**

04-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #