

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050201

FILED  
May 31, 2006  
Secretary of State

Entity Name: NEPTUNE, LLC

**Current Principal Place of Business:**

1016 NEPTUNE DRIVE #10  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

6601 BLACKFIN WAY  
APOLLO BEACH, FL 335723029

**New Mailing Address:**

FEI Number: 42-1610539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BEHM, VICTORIA P  
405 SECOND STREET SOUTH STE. C  
SAFETY HARBOR, FL 34695      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CALLISON, WESLEY D  
Address: 445-26 SR 13 NORTH 445-27  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM      ( ) Delete  
Name: OSCEOLA, INC.,  
Address: 608 SOUTH 19TH STREET  
City-St-Zip: WEST DES MOINES, IA 50265

Title: MGRM      ( ) Delete  
Name: HALVA, LOREN  
Address: 24168 140TH STREET  
City-St-Zip: ORLEANS, IA 51360

Title: MGRM      ( ) Delete  
Name: PEAREY, ELWIN  
Address: R.R. 1  
City-St-Zip: CAMBRIDGE, IA 50046

Title: MGRM      ( ) Delete  
Name: MOORE, AIXA  
Address: 6601 BLACKFIN WAY  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AIXA MOORE

MGRM

05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date