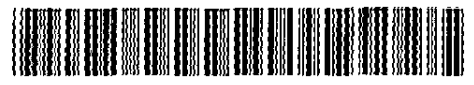


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # L03000052483</b>				<b>1. Entity Name</b> VALERIE TUMLINSON, LLC	
<b>Principal Place of Business</b> 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082 US			<b>Mailing Address</b> 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		<b>4. FEI Number</b> 01-0803288	
				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fees Required</b>				1st MOORE CR2E083 (10/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
TUMLINSON, VALERIE L 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUMLINSON, VALERIE L 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
				U00000422232 02/17/06-80007-005 5.00	
				U00000422232 02/17/06-80007-006 50.00	

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *Valerie L. Tumlinson* Valerie L. Tumlinson 2-3-06 904 780-1803