


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90178 047 ****55.00

DOCUMENT # L03000056538		
1. Entity Name JOSHUA SPRAGUE, L.L.C.		

Principal Place of Business 600 LAKE TAHOE DRIVE COCOA, FL 32926 US	Mailing Address 600 LAKE TAHOE DRIVE COCOA, FL 32926 US
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20009528



2. Principal Place of Business 1191 "A" Street		3. Mailing Address 1191 "A" Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa, FL		City & State Cocoa, FL	
Zip 32922	Country USA	Zip 32922	Country USA

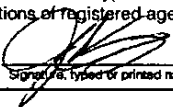
02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0972201	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPRAGUE, JOSHUA 600 LAKE TAHOE DRIVE COCOA, FL 32926
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7. Name and Address of New Registered Agent Name JOSHUA Sprague Street Address (P.O. Box Number is Not Acceptable) 1191 "A" Street City Cocoa FL Zip Code 32922

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 	DATE 2/13/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRAGUE, JOSHUA 600 LAKE TAHOE DRIVE COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sprague, Joshua 1191 "A" Street Cocoa, FL 32922 <input checked="" type="checkbox"/> Change <input 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 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 type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 	DATE 2/13/06 (321)8034982
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