## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # L03000057098 1. Entity Name DAVID WRIGHT LLC Principal Place of Business Mailing Address 1103 VIA DELUNA PENSACOLA BEACH FL 32561 1103 VIA DELUNA PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 45-0529453 Not Applicate Zip Country Country \$5.00 Additional 5. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, DAVID Street Address (P.O. Box Number is Not Acceptable) 1103 VIA DELUNA PENSACOLA BEACH FL 32561 City Zip Code 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. Lam tamiliar with, and accept the obligations of registered agent. Significate, typind or printed name of registered agent and title it applicable (NOTE: Hegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES THILE MGR SHILE Change | □A.\*\* ☐ Delete NAME NAME WRIGHT, DAVID STREET ADDRESS 1103 VIA DELUNA STREET ADDRESS CITY - ST - ZIP PENSACOLA BEACH FL 32361 C)TY-ST-ZIP TD 44." THE ☐ Delete DILE NAME MANAL STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP TITLE Delete HHE ☐ i Change □ Accord NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITO E ☐ Delete TITLE Change NAME MAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE HILE ☐ Change □ M.2 MAME MARAE STREET ADDRESS STREET ACCRESS CITY - ST- ZIP CITY-SI-ZW TITLE ☐ Defete TITLE [7] Change □ 4c; MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z@ 11. I hereby certify that the information supplied with this filing does not quality 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 eath, that I am a managing member or manager of it limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

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