


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057533 1. Entity Name TERRY W SANDERS LLC	
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Principal Place of Business 5381 NE 25TH AVE. OCALA, FL 34479 US	Mailing Address PO BOX 1286 SILVER SPRINGS, FL 34489 US
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DO NOT WRITE IN THIS SPACE



08022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2885788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, TERRY W 5381 NE 25TH AVE. OCALA, FL 34479	DO NOT WRITE IN THIS SPACE
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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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, TERRY W PO BOX 1286 SILVER SPRINGS, FL 34489
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08/04/06-80002-012 50.00

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08/04/06-80002-013 5.00

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: *Terry W Sanders*

8-2-06 352-368-3731

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

Date

Daytime Phone #