## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L04000000530**

1. Entity Name H. CHARLES WOERNER, JR., L.L.C.



**FILED** Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

2001 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119

Mailing Address

2001 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119



01302006No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number<br>13-4277063      | <br>Applied For Not Applicable    |
|----------------------------------|-----------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

WOERNER, H. CHARLES JR

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

|  | TH RIDGEWOOD AVENUE<br>AYTONA, FL 32119   | IN THIS SPACE  |
|--|---|--|
|  | named entity submits this statement for the purpose of changing its ons of registered agent.  | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable. (NOTE   | E. Registered Agent signature required when reinstating) DATE  |
| Fi<br>De                                       | ling Fee is \$50.00<br>ue by May 1, 2006  | 000000413482<br>02/10/06-80087-022 50.00   |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>WOERNER, H. CHARLES JR<br>2001 SOUTH RIDGEWOOD AVENUE<br>SOUTH DAYTONA, FL 32119  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | DO NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| 11. I hereby indicated                         | certify that the information supplied with this filling does not qualify to this report is true and accurate and that my signature shall have | for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information<br>the same legal effect as if made under cath; that I am a managing member or manager of the<br>is report as required by Chapter 608, Princip Statutes. |