



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90274 007 ****50.00

DOCUMENT # L04000000677 1. Entity Name FUGATE ENTERPRISES, LLC					
Principal Place of Business FT. WALTON BCH FLA. 98 EGLIN PKWY NE #3 FORT WALTON BEACH, FL 32548			Mailing Address FT. WALTON BCH FLA. 98 EGLIN PKWY NE #3 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # <i>Baker Florida</i>		3. Mailing Address <i>Baker Florida</i>		 02092007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. <i>8311 Bowen Rd</i>		Suite, Apt. #, etc. <i>8311 Bowen Rd</i>			
City & State <i>Baker Florida</i>		City & State <i>Baker Florida</i>			
Zip <i>32531</i>		Zip <i>32531</i>			
4. FEI Number 90-0133593				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 FUGATE, DONALD R 8311 BOWEN ROAD BAKER, FL 32531				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Donald R. Fugate</i> <i>Donald R. Fugate</i> <i>2/10/07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUGATE, JANET R 8311 BOWEN ROAD BAKER, FL 32531	<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
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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: <i>Janet R Fugate</i> <i>2/10/07</i> <i>850-537-7904</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					