


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90045 019 ****55.00

DOCUMENT # L04000002735	
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1. Entity Name GEORGE G. GARRARD LLC	Principal Place of Business 4331 NW 199TH ST. STARKE, FL 32091	Mailing Address 4331 NW 199TH ST. STARKE, FL 32091
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20031032



2. Principal Place of Business 6044 SE 4 TH AVE Suite, Apt. #, etc.	3. Mailing Address 6044 SE 4 TH AVE Suite, Apt. #, etc.
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03292006 Chg-LLC CR2E083 (11/05)

City & State KEYSTONE HEIGHTS FL	City & State KEYSTONE HEIGHTS FL
Zip 32656	Country US

4. FEI Number 52-2452702	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARRARD, GEORGE G 4331 NW 199TH ST. STARKE, FL 32091
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7. Name and Address of New Registered Agent Name GEORGE, G. GARRARD Street Address (P.O. Box Number is Not Acceptable) 6044 SE 4 TH AVE City KEYSTONE HEIGHTS FL Zip Code 32656

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 <u>GEORGE G GARRARD</u> <u>George G Garrard</u> <u>4-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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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	MGR GARRARD, GEORGE G 4331 NW 199TH ST. STARKE, FL 32091 <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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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 <u>George G Garrard</u> <u>GEORGE G GARRARD</u> <u>4-12-06</u> <u>352-2564614</u>
