

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000005341



Entity Name  
**GAMBLE, LLC**

Principal Place of Business  
**17 N. 20 TH ST  
DEFUNIAK SPGS, FL 32433 US**

Mailing Address  
**1237 N. 20 TH ST  
DEFUNIAK SPGS, FL 32433 US**



01032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>83-0382410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GAMBLE, L C  
17 N 20TH ST.  
DEFUNIAK SPGS, FL 32433**

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IN THIS SPACE**

I, 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 translating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**MANAGING MEMBERS/MANAGERS**

MGR <b>GAMBLE, L C 1237 N 20TH ST DEFUNIAK SPGS, FL 32433</b>

**U000000398421  
01/30/06-80093-024 50.00**

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IN THIS SPACE**

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:

**L.C. Gamble 1-19-06 850 951-1212**

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

Date

Daytime Phone #