## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L0400006869 1. Entity Name HORNSBY, LLC Principal Place of Business Mailing Address 1233 LOOP RD. W. 1233 LOOP RD. W. AUBURNDALE, FL 33823 US AUBURNDALE, FL 33823 US 01072006No Chg-LLC DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HORNSBY, EDDIE L JR

**FILED** Jan 10, 2006 08:00 AM Secretary of State



CR2E083 (11/05)

| S Contificate of Statue Decired | $\overline{}$ | \$5.00 Addition | nai       |
|---------------------------------|---------------|-----------------|-----------|
| 20-0643103                      |               | Not A           | pplicable |
| 4. FEI Number                   |               | Appli           | ed For    |

Fee Required

| DO | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| 1233 LOO<br>AUBURNE  | P RD. W.<br>DALE, FL 33823  | IN THIS SPACE   |  |  |
|--|---|---|--|--|
| 6. The above the obligat   | named entity submits this statement for the purpose of changing ions of registered agent. | g its 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 it applicable              | (NOTE Registered Agent signature required when reinstating)  DATE   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |  |  |
| TATLE NAME STRUET ADDRESS CITY-ST-ZIP  | MGR<br>HORNSBY, EDDIE L JR<br>1233 LOOP ROAD WEST<br>AUBURNDALE, FL 33823                 |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | H00000281249<br>01/11/06-80046-010 50.00  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT WRITE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS SPACE   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  |  |
| 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. |   |   |  |  |

J. Hamy URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE