## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000015305

1. Entity Name
MATNEY & ASSOICATES LLC



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

Principal Place of Business 1410 SE 22ND AVE.

OCALA, FL 34471

Mailing Address

PO BOX 1166 OCALA, FL 34478

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



## DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC CI

CR2E083 (11/05)

4. FEI Number 26-3542808 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MATNEY, WAYNE 1410 SE 22ND AVE. OCALA, FL 34471

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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  Signature, typed or printed name of registered agent and title if approache.  NOTE: Registered Agent signature required when reinstating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAĞINĞ MEMBERS/MANAGERS  MGRM  MATNEY, WAYNE  PO BOX 1166  OCALA, FL 34478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS 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.		