


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000016469**

1. Entity Name  
 AG DOC, LLC



Principal Place of Business 112 PERIWINKLE DR. PORT ST. JOE, FL 32456	Mailing Address 112 PERIWINKLE DR. PORT ST. JOE, FL 32456
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**DO NOT WRITE IN THIS SPACE**



07042006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 37-1486191	Applied For 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

MAGIDSON, MEL C JR  
 528 6TH ST.  
 PORT ST. JOE, FL 32456

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNSFORD, JIM 112 PERIWINKLE DR PORT ST JOE, FL 32456
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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:** James N Lunsford (Jim)      7/4/06      850-647-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #