

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020205

Entity Name: CECIL CAMPBELL, LLC

FILED  
May 05, 2006  
Secretary of State

## Current Principal Place of Business:

9904 MAGGIE ST.  
GIBSONTON, FL 33534

## New Principal Place of Business:

16535 CARLTONLAKE RD.  
WIMAUMA, FL 33598

## Current Mailing Address:

9904 MAGGIE ST.  
GIBSONTON, FL 33534

## New Mailing Address:

16535 CARLTONLAKE RD.  
WIMAUMA, FL 33598

FEI Number: 76-0753612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CAMBELL, CECIL  
9904 MAGGIE ST.  
GIBSONTON, FL 33534      US

## Name and Address of New Registered Agent:

CAMBELL, CECIL  
16535 CARLTONLAKE RD.  
WIMAUMA, FL 33598      US

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.

SIGNATURE:

05/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: CAMPBELL, CECIL  
Address: 9904 MAGGIE ST.  
City-St-Zip: GIBSONTON, FL 33534

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: CAMPBELL, CECIL  
Address: 16535 CARLTONLAKE RD.  
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CECIL CAMPBELL

MGR.

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date