CITY-SI-ZP TITLE

STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME.

## ¥996 LIMITED LIABILITY COMPANY **FILED** Apr. 14, 2006 08:00.AN Secretary of State **ANNUAL REPORT** DOCUMENT # L04000021508 1. Entity Name **HUMES & ASSOCIATES, LLC** Principal Place of Business Mailing Address 1633 TIVERTON STREET 1633 TIVERTON STREET UŠ WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E083 (11/05) 03282006No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0890165 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUMES, LARRY R DO NOT WRITE 1633 TIVERTON STREET WINTER SPRINGS, FL 32708 IN THIS SPACE 3. The above named entity subroits 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 prin U00000509575 Filing Fee is \$50.00 04/28/06-80048-020 50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HUMES, LARRY R NAME STREET ADDRESS 1633 TIVERTON STREET City-ST-ZIP WINTER SPRINGS, FL 32708 TITLE NAME zanje istora, je desemblah najajuju kili jajaji STREET ADDRESS CHY-ST-ZP a distribution de la company de la compa THE MAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

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Applied For

Not Applicable

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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 path; that I am a managing member or manager of the limited liability company or the receiver or sustee empowered to execute this report as required by Chapter 608, Florida Statutes.	

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE