

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 026 \*\*\*\*50.00

<b>DOCUMENT # L04000021782</b> 1. Entity Name <b>CRAZY HILLS OF ALABAMA, LLC</b>					
Principal Place of Business <b>125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502</b>			Mailing Address <b>125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MILLER, DOUGLAS F 125 W. ROMANA STREET STE 800 PENSACOLA, FL 32502</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	MILLER, DOUGLAS F MGR		NAME		
STREET ADDRESS	125 WEST ROMANA		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE:</b> <i>Douglas F. Miller</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>2/15/06</i> Daytime Phone # <i>850-434-9200</i>		

20008925



02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-092795** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required