

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E083 (10/05)

4. FEI Number **48-6465659**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEEBRICK, BRIAN D**  
**220 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **NATIONS, DONALD F MGR**  
STREET ADDRESS **1366 WEST 15TH STREET**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1101000344316  
01/26/06-80008-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Donald F. Nations, DONALD F. NATIONS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/06

850  
785-2233