


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000033109 1. Entity Name THOMAS WERNZ LLC |  |
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|---|---|
| Principal Place of Business 10892 SE 108TH TER. RD BELLEVIEW, FL 34420 US | Mailing Address PO BOX 166 CANDLER, FL 32111 US |
|---|---|



01262006 No Chg-LLC

CR2E063 (11/05)

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|------------------------------------|--|
| 4. FEI Number 16-1699435 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WERNZ, THOMAS 10892 SE 108TH TER. RD BELLEVIEW, FL 34420 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMAS WERNZ, LLC 10892 SE 108TH TERR RD BELLEVIEW, FL 34420 |
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02/09/06-80039-016 50.00

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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:  **Jan 25 06 352-209-5572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #