2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000034329

1. Entity Name
THE DOCKS OF WETAPPO, LLC

Principal Place of Business	Mailing Address
HC3 BOX 98710 MEXICO BEACH, FL 32456 US	HC3 BOX 98710 MEXICO BEACH, FL 32456 US

DO NOT WRITE IN THIS SPACE

01202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1670421
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EUBANKS, KAY W
710 HIGHWAY 98
MEXICO BEACH, FL 32456

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EUBANKS, KAY W
STREET ADDRESS	HC3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456
TITLE	MGRM
NAME	EUBANKS, CLAYTON T
STREET ADDRESS	HC3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456
TITLE	MGRM
NAME	GADDIS, JERRY A
STREET ADDRESS	HC3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456
TITLE	MGRM
NAME	CARLTON, TERESA C
STREET ADDRESS	HC3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80050-020 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: _____ 4-27-06 (850)648-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ORIGINAL