

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038717

FILED
May 01, 2006
Secretary of State

Entity Name: AREY & AREY, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1050 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1050 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-1106526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AREY, STEVEN TODD
1050 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AREY, STEVEN TODD
Address: 1050 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: AREY, SIDNEY DREW
Address: 6145 BRINGLE FERRY ROAD
City-St-Zip: SALISBURY, NC 28146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: AREY, CHRISTIAN T
Address: 1050 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN TODD AREY

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date