## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000039371

1. Entity Name
FINKBEINER & GILLESPIE, LLC



Principal Place of Business

408 E. RIDGEWOOD STREET ORLANDO, FL 32803 US Mailing Address

408 E. RIDGEWOOD STREET ORLANDO, FL 32803 US

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



01272008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0542381

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, DAVID P 408 E. RIDGEWOOD STREET ORLANDO, FL 32803

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ORLANDO, FL 32803		IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	Inging its registered office or registered agent, or but	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if epplicable	(NOTE Registered Agent argnature required when reinstating)	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2006		-	
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKBEINER, ROBERT C JR. 408 E. RIDGEWOOD ST. ORLANDO, FL. 32803	-	000000412173 02/10/06-80035-016 50.00	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, DAVID P 408 E. RIDGEWOOD ST. ORLANDO, FL 32803			
THRE NAME SIRLLI ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
THILE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TATLE				

11. I hereby certify that the information supplied with this filing does not quality 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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REMESENTATI

127/06

407)423-1009