

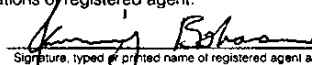
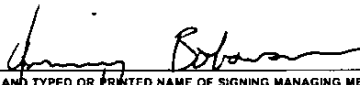


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040969						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">06 SEP 11 AM 10:44</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name JIMMY BOHANAN LLC				Principal Place of Business 34 HARRY MORRISON DRD CRAWFORDVILLE, FL 32327				Mailing Address 34 HARRY MORRISON DRD CRAWFORDVILLE, FL 32327	
2. Principal Place of Business Tallahassee				3. Mailing Address 3622 Robin rd					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State Tallahassee FL				City & State Tallahassee FL					
Zip 32305		Country Leon		Zip 32305		Country Leon		09112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BOHANAN, JIMMY 34 HARRY MORRISON RD CRAWFORDVILLE, FL 32327				Name Jimmy Bohanan Street Address (P.O. Box Number is Not Acceptable) Tallahassee FL 3622 Robin rd City Tallahassee FL Zip Code 32305					
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  (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by September 15, 2006				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHANAN, JIMMY 34 HARRY MORRISON RD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jimmy Bohanan 3622 Robin rd Tallahassee FL 32305			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400079731224 09/12/06--01062--021 **50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:  9-11-06 (850) 462-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #