

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045131

Entity Name: ADKISON FAMILY #1, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1344 BEAL EXTENSION
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

619 VERMONT AVENUE
FT. WALTON BEACH, FL 32547

Current Mailing Address:

1344 BEAL EXTENSION
FT. WALTON BEACH, FL 32547

New Mailing Address:

619 VERMONT AVENUE
FT. WALTON BEACH, FL 32547

FEI Number: 90-0184829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, WANDA JEAN
1344 BEAL EXTENSION
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

HOWARD, WANDA JEAN
619 VERMONT AVENUE
FT. WALTON BEACH, FL 32547 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: WANDA HOWARD

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADKISON, HUBERT D SR
Address: 12984 HWY 90
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: HOWARD, WANDA JEAN
Address: 1344 BEAL EXTENSION
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HOWARD, WANDA JEAN
Address: 619 VERMONT AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

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: WANDA HOWARD

MGR

01/11/2006

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