2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045598 1. Entity Name MACROLL, L.L.C.				Secretary of State	
Principal Plac	e of Business	Mailing Address	ka≏ +° k	· -	
	CAROLINE BLVD. Y, FL 32401	1078 EAST CAROLINE BLVD. PANAMA CITY, FL 32401	::		
		- <u> </u>			
			1	01252006No Chg-LLC	
	O NOT WRIT	TE IN THIS SPA	CE	4. FEI Number	Applied For
			·	20-1309553	Not Applicat
			1	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent	<u> </u>	·	
MCNEIL, CANDE W 1078 EAST CAROLINE BLVD.				DO NOT WRIT	Έ
PANAMA	CITY, FL 32401			IN THIS SPAC	E
	named entity submits this statement tions of registered agent.	ent for the purpose of changing its registe	red office or registe	red agent, or both, in the State of Florida. I a	m familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable (NOTE Register	ed Agent signature require	d when reinstating) DAT	
F	iling Fee is \$50.00 ue by May 1, 2006		i.	U000004042 02/06/06-8804i	78 0-018 50.00
9.	MĀNAGĪNG MĒ	MBERS/MANAGERS	1		
TITLE	MGR		1.		
NAME STREET ADDRESS	MCNEIL, CANDE W 1078 EAST CAROLINE BLV	 n	1		
CITY-ST-ZIP	PANAMA CITY, FL 32401	<u> </u>	1		
IITLE		· · · · · · · · · · · · · · · · · · ·	- [•
NAME					
STREET ADDRESS	ĺ				

DO NOT WRITE IN THIS SPACE

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 508, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
CHY-ST-ZIP

CITY-ST-ZIP

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

1/25/04

800-742-5730

Daytime Phone #