

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046810

Entity Name: GADDIE ENTERPRISES, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

4618 BAYWOOD DR
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

3391 STATE AVE
PANAMA CITY, FL 32405 US

Current Mailing Address:

4618 BAYWOOD DR
LYNN HAVEN, FL 32444 US

New Mailing Address:

3391 STATE AVE
PANAMA CITY, FL 32405 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADDIE, WILLIAM R
4618 BAYWOOD DR
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

GADDIE, WILLIAM R
3391 STATE AVE
PANAMA CITY, FL 32405 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: WILLIAM R. GADDIE

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GADDIE, WILLIAM R
Address: 4618 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: GADDIE, BARBARA C
Address: 4618 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GADDIE, WILLIAM R
Address: 3391 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM (X) Change () Addition
Name: GADDIE, BARBARA C
Address: 3391 STATE AVE
City-St-Zip: PANAMA CITY, FL 32405 US

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: WILLIAM R. GADDIE

MGR

04/13/2006

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