



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000047455 1. Entity Name ARTHUR, LLC		
Principal Place of Business 9989 NW 21ST AVENUE GAINESVILLE, FL 32606	Mailing Address 9989 NW 21ST AVENUE GAINESVILLE, FL 32606	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEERY, BEAU 9989 NW 21ST AVENUE GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUGUSTINE, MICHAEL S 12765 WEST FOREST HILL BOULEVARD WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEERY, BEAU 9989 NW 21ST AVENUE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILBURN, CRAIG D 12809 SW 2ND AVENUE NEWBERRY, FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINSBERGER, TODD 1629 NW 24TH STREET GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Beau Beery		1/7/06 352-871-8324
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1296567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

1100000381385
01/11/06-80050-023 \$0.00