
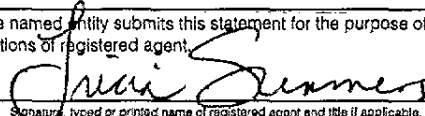
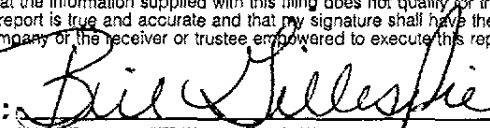


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L04000049735		
1. Entity Name BILL GILLESPIE, LLC		
Principal Place of Business 524 MARNIE CIR WEST MELBOURNE, FL 32904		Mailing Address 524 MARNIE CIR WEST MELBOURNE, FL 32904
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUMMERS, TRICIA CPA 414 11TH STREET NW LARGO, FL 33770		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:  DATE: 4-25-06 <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 <div style="text-align: right;">100000546525 05/11/06-80120-015 50.00</div>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLESPIE, BILL 524 MARNIE CIR WEST MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  DATE: 4-25-06 321-431-8109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>		