2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050753

1. Entity Name
HUDSPETH ENTERPRISES LLC

Principal Place of Business	Mailing Address
17287 PERDIDO KEY DRIVE, #707 PENSACOLA, FL 32507	5695 NORTHTON CT WOODBRIDGE, VA 22193

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1358713
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSPETH, RICHARD B
1095 NATURE'S HAMMOCK RD S
JACKSONVILLE, FL 32259

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUDSPETH, RICHARD B
STREET ADDRESS	1095 NATURE'S HAMMOCK RD S
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGR
NAME	HUDSPETH, DAVID R
STREET ADDRESS	5695 NORTHTON CT
CITY-ST-ZIP	WOODBRIDGE, VA 22193
TITLE	MGR
NAME	HUDSPETH, MICHAEL J
STREET ADDRESS	11699 HOWITZER LN
CITY-ST-ZIP	WOODBRIDGE, VA 22192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80032-018 50.00

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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: R B Hudspeth 1/17/2006 [illegible] 703.803.0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #