

**2006 LIMITED LIABILITY COMPANY'
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054932 1. Entity Name CHILDS, F LLC	
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Principal Place of Business 7853 S. W. ELLIPSE WAY, STUART, FL	Mailing Address P.O. BOX 2469 JUPITER, FL 33468 US
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01282006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-7562127	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHILDS, FRANCIS 7853 S. W. ELLIPSE WAY STUART, FL

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.

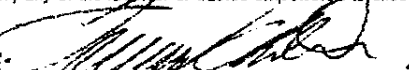
SIGNATURE: _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, FRANCIS P O BOX 2469 JUPITER, FL 33468
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U000000417807 02/13/06-B0073-001 50.00 DO NOT WRITE IN THIS SPACE
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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:  **FRANCIS V. Childs** **2-1-06** **(501)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **630-0012**