# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 03, 2006**
**Secretary of State**

DOCUMENT# L04000056622

**Entity Name:** BEN SPIKER, LLC

**Current Principal Place of Business:**

1239 WOLFE STREET
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

1239 WOLFE STREET
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number: 68-0558532** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIKER, BEN
3567 BOONE PARK AVE
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

SPIKER, BEN
1239 WOLFE ST.
JACKSONVILLE, FL 32205 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: 02/03/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: SPIKER, BEN J
Address: 3567 BOONE PARK AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: SPIKER, BEN J
Address: 1239 WOLFE ST.
City-St-Zip: JACKSONVILLE, FL 32205 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: BEN SPIKER MGRM 02/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date