

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058411

1. Entity Name
INSITE PROPERTIES, LLC



Principal Place of Business
780 INDUSTRIAL DRIVE
CRESTVIEW, FL 32536

Mailing Address
P. O. BOX 358
CRESTVIEW, FL 32536



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1272921	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M
780 INDUSTRIAL DRIVE
CRESTVIEW, FL 32536

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, JOSEPH M 5802 ANTLEW WAY CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAMBERLAIN, DAVID D 7871 JOHN B. CADENHEAD ROAD LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000378675
01/09/06-80014-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Joseph M. Williams Joseph M. Williams 1/4/2006 850-682-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #