## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000058825

P.O. BOX 37087

City-St-Zip: PENSACOLA, FL 32526

Address:

Entity Name: NORTHWEST FLORIDA SERVICES LLC

FILED Apr 21, 2006 Secretary of State

Current P	rincipal Place	of Business	New Principal Place of Business:	
1006 MON	ITCLAIR RD DLA, FL 32505	or business.	New I Interput I luce	or Business.
Current Mailing Address:			New Mailing Addres	s:
P.O. BOX PENSACC	37087 DLA, FL 32526			
FEI Number:	: 38-3706148	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1006 MON	MELANIE D ITCLAIR RD DLA, FL 32505	US		
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () HUSTON, MELA 1006 MONTCLA PENSACOLA, F	AIR RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () OWEN, JAMES	Delete M	Title: Name:	( ) Change ( ) Addition

Address:

City-St-Zip:

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: JAMES M. OWEN MGR 04/21/2006