

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 008 ****50.00

DOCUMENT # L04000063878 1. Entity Name TRAVIS & AMY INVESTMENTS, LLC			
Principal Place of Business 690 FOX RUN CIRCLE MACCLENNY, FL 32063 US		Mailing Address 690 FOX RUN CIRCLE MACCLENNY, FL 32063 US	
2. Principal Place of Business 518 Islamorada Dr. S. Suite, Apt. #, etc.		3. Mailing Address 518 Islamorada Dr. S. Suite, Apt. #, etc.	
City & State Maccleddy FL Zip Country 32063 US		City & State Maccleddy FL Zip Country 32063 US	
4. FEI Number 20-1599487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, TRAVIS C 690 FOX RUN CIRCLE MACCLENNY, FL 32063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, TRAVIS C 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, AMELIA T 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, AMELIA T 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, AMELIA T 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, AMELIA T 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, AMELIA T 690 FOX RUN CIRCLE MACCLENNY, FL 32063	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Amelia T. Hunter (Amelia T. Hunter)</u>		Date <u>4/2/06</u> Telephone # <u>904-598-7407</u>	