


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90272 021 \*\*\*\*50.00

<b>DOCUMENT # L04000065262</b>	
1. Entity Name <b>A &amp; D HOLDINGS, LLC</b>	

Principal Place of Business <b>2909 BOONE DRIVE LAGO VISTA, TX 78645 US</b>	Mailing Address <b>2909 BOONE DRIVE LAGO VISTA, TX 78645 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>20440 Donovan Dr.</b> Suite, Apt. #, etc.
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City & State <b>Seminole AL</b>	City & State <b>Seminole AL</b>
Zip <b>36574</b>	Country <b>Baldwin</b>



06092006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>HOSMAN, JOHN D O'SULLIVAN CREEL, LLP; 316 S. BAYLEN ST. SUITE 200 PENSACOLA, FL 32502</b>	
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4. FEI Number <b>30-0270938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSMAN, ANGIA L 2909 BOONE DRIVE LAGO VISTA, TX 78645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20440 Donovan Dr. Seminole, AL 36574</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSMAN, DON P 2909 BOONE DRIVE LAGO VISTA, TX 78645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>20440 Donovan Dr. Seminole, AL 36574</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** Angia L. Hosman 6-21-06 251-946-2466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Angia L. Hosman