

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066616

1. Entity Name

WISE BROTHERS OF FROSTPROOF, LLC



Principal Place of Business

**930 C.R. 630 W.
FROSTPROOF, FL 33843**

Mailing Address

**930 C.R. 630 W.
FROSTPROOF, FL 33843**



02132006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number

20-1606241

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WISE, GLEN D
930 C.R. 630 W.
FROSTPROOF, FL 33843**

**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
**MGR
WISE, GLEN D
930 C.R. 630 W.
FROSTPROOF, FL 33843**

TITLE
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CITY- ST- ZIP

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05/22/06-80014-007 50.00

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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 609, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-6-05 813-528-1107