

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90022 009 ****50.00

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01042006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000066968 1. Entity Name REGIONS DEVELOPMENT LTD. CO.					
Principal Place of Business 1580 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327			Mailing Address 1580 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327		
2. Principal Place of Business 41 FELT WAY Suite, Apt. #, etc.		3. Mailing Address 41 FELT WAY Suite, Apt. #, etc.			
City & State CRAWFORDVILLE, FL		City & State CRAWFORDVILLE, FL		4. FEI Number 20-1645114	
Zip 32327		Country WAKULLA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, MIKE ATTY 3047 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)					
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 GAMMON, STEPHEN R 39 AUCILLA STREET PANACEA, FL 32346 <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	MGRM ROBERTS, JASON A 615 OAK WOOD TR. N. CRAWFORDVILLE, FL 32327 <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: <u>Karen L. Gammon - Controller</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>1-4-06</u> Daytime Phone # <u>850-926-5088</u>		
<u>STEPHEN R. GAMMON</u>			Date <u>1-4-06</u> Daytime Phone # <u>850-926-5088</u>		