2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L04000068493

Entity Name: CHRISTOPHE TINDALL, LLC

Current Principal Place of Business:

2820 BAKER AVE
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2820 BAKER AVE
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 20-0927937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINDALL, CHRISTOPHE
2820 BAKER AVE
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TINDALL, CHRISTOPHE
Address: 2820 BAKER AVE
City-St-Zip: MARIANNA, FL 32448

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TINDALL, CHRISTOPHE
Address: 2820 BAKER AVE
City-St-Zip: MARIANNA, FL 32448

Title: MGRM ( ) Change (X) Addition
Name: ROLPH, MARC S OFFICER
Address: P.O 837
City-St-Zip: GRANDRIDGE, FL 32442 JK

Title: MGRM ( ) Change (X) Addition
Name: ROBARGE, MATTHEW A OFFICER
Address: P.O 6001
City-St-Zip: MARIANNA, FL 32447 JK

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: CHRISTOPHE TINDALL MGR 07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date