

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90288 005 \*\*\*\*50.00

<b>DOCUMENT # L04000068545</b> 1. Entity Name <b>SAM GODWIN TECHNICAL SERVICES, LLC</b>					
Principal Place of Business <b>657 BEARD AVENUE SEBASTIAN, FL 32958</b>			Mailing Address <b>P.O. BOX 78099 SEBASTIAN, FL 32978-0999</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 780999</b> Suite, Apt. #, etc.			
City & State 		City & State <b>SEBASTIAN, FL</b>			
Zip 	Country 	Zip <b>32978-0999</b>	Country 		
4. FEI Number <b>20-1646594</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				03192006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32978</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GODWIN, SAMUEL A 657 BEARD AVENUE SEBASTIAN, FL 32958</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Samuel A. Godwin</u> SAMUEL A. GODWIN 3-19-06 772-321-0190</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					