

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

06-29-2006 90091 005 ***150.00

DOCUMENT # L04000074658 1. Entity Name ADKINS MORTGAGE, LLC			
Principal Place of Business 61 MARKET STREET APALACHICOLA, FL 32320		Mailing Address PO BOX 40 APALACHICOLA, FL 32329	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 280 Suite, Apt. #, etc.	
City & State Apalachicola, FL		4. FEI Number 20-1985191	
Zip 32329		Country FL	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32312		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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM ☐ Delete NAME ADKINS, GORDON K STREET ADDRESS 32 AVENUE G, SUITE 201 CITY-ST-ZIP APALACHICOLA, FL 32320	☐ Change ☐ Addition	TITLE ADKINS, GORDON K STREET ADDRESS PO BOX 280 CITY-ST-ZIP APALACHICOLA, FL 32329	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ 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: <i>Gordon K Adkins</i>		7/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	