



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

04-26-2006 90016 035 ****50.00

DOCUMENT # L04000078988 1. Entity Name CHARLOTTE B. BISBEE ENTERPRISES, L.L.C.					
Principal Place of Business 6550 ST. AUGUSTINE ROAD, STE. 1 JACKSONVILLE, FL 32257			Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255		
2. Principal Place of Business 687 Mason Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State Daytona Beach, FL		City & State <small>City & State</small>		4. FEI Number 20-1966505	
Zip 32117		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Charlotte B. Bisbee 687 Mason Ave Daytona Beach, FL	
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 acknowledge the obligations of registered agent.					
SIGNATURE Charlotte B. Bisbee <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 5/2/06 <small>(NOTE: Registered Agent signature required when re-issuing)</small>	
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 BISBEE, CHARLOTTE B 687 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad			
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 Charlotte B. Bisbee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 5/2/06 <small>Date</small>	

Daytime Phone #