

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000084313

1. Entity Name
DOBBINS, SOUDERS, LLC



Principal Place of Business

**502 N ARMENIA AVENUE
TAMPA, FL 33609**

Mailing Address

**502 N ARMENIA AVENUE
TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1907507

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOEHLER, KEITH W
C/O KOEHLER & COMPANY P.A.
502 N ARMENIA AVENUE
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOBBINS, AS TRUSTEE, JAMES
STREET ADDRESS	502 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGR
NAME	SOUDERS, AS TRUSTEE, FREDERICK
STREET ADDRESS	502 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80018-004 55.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

JAMES L. DOBBINS
James L. Dobbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-06

239-498-9005

Date

Daytime Phone #