

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086284

FILED  
May 01, 2006  
Secretary of State

Entity Name: AZTEC TOWING AND RECOVERY, LLC.

## Current Principal Place of Business:

475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401

## New Principal Place of Business:

475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401

## Current Mailing Address:

475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401

## New Mailing Address:

475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401

FEI Number: 20-1933126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LIVINGSTON, BENJAMIN J  
475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

LOPER, WAYNE C  
475 HARRISON AVE  
SUITE 204  
PANAMA CITY, FL 32401 US

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: WAYNE C LOPER

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LIVINGSTON, BENJAMIN J  
Address: 475 HARRISON AVE, SUITE 204  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: LOPER, WAYNE C  
Address: 475 HARRISON AVE, SUITE 204  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: WHITE, RICHARD W  
Address: 475 HARRISON AVE, SUITE 204  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR ( ) Delete  
Name: LIVINGSTON, ROBERT P  
Address: 475 HARRISON AVE SUITE 240  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WHITE, RICHARD W  
Address: 475 HARRISON AVE, SUITE 204  
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WAYNE C LOPER

MGRM

05/01/2006

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