

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087539

FILED
May 01, 2006
Secretary of State

Entity Name: A GREAT AMERICAN MOVING COMPANY L.L.C.

Current Principal Place of Business:

6320 BLOUNTSTOWN HIGHWAY
TALLAHASSEE, FL 323109088

New Principal Place of Business:

852 UNIT C BLOUNTSTOWN HIGHWAY
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 2276
TALLAHASSEE, FL 323162276

New Mailing Address:

852 UNIT C BLOUNTSTOWN HIGHWAY
TALLAHASSEE, FL 32304

FEI Number: 20-1583376 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:

Name and Address of New Registered Agent:

CARROLL, KEVIN J
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: ADKINS, SHEILA
Address: 2609 ROUTE 75
City-St-Zip: KENOVA, WV 255309791

Title: P () Delete
Name: CLARK, JOHN
Address: 2609 RT 75
City-St-Zip: KENOVA, WV 255309791

ADDITIONS/CHANGES:

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

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: HUGH MCSTAY, DIRECTOR OF OPERATIONS

OMGR

05/01/2006

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