## 2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM Secretary of State CUMENT # L04000090391 В INETT & MORGAN, P. L. Pr at Place of Business Mailing Address 234 EAST DUVAL STREET LAKE CITY FL 32055 ST DUVAL STREET CITY FL 32055 Coal Place of Business 3. Malling Address 2. e. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) State City & State Applied For 4. FEI Number 20-2019272 Not Apolicat Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, TERESA B 234 EAST DUVAL STREET Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 City Zip Code 8. 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 bligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9 ADDITIONS/CHANGES 10. ☐ Delete TITLE MGRM ☐ Addition ☐ Change NAM MORGAN, TERESA B NAME STRE 234 EAST DUVAL STREET STREET ADDRESS CITY LAKE CITY FL 32055 CITY-ST-782 TITLE ☐ Delete TITLE U00000398024□ Change □ Addition NAM NAME 01/30/06-80077-021 50.00 STRE STREET AODRESS CITY CHTY-ST-ZIP MILE ☐ Delete ☐ Change Addition NAM NAME STRE STREET ADDRESS CITY CITY-ST-ZIP Delete TITLE ☐ Change 76016 Addition NAMI NAME STREJ STREET ADDRESS City-CSTY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREE ĊITY-City-ST-ZiP

Dy certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information bed on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the ad liability company or the receiver of trustee empty, are to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

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1/17/06

386 755-1977

Addition

Change