
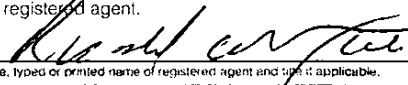


# 2606 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

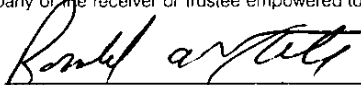
**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90017 004 \*\*\*\*55.00

<b>DOCUMENT # L04000090544</b>			
1. Entity Name <b>RONALD W. TATE LLC</b>			
Principal Place of Business <b>3613 EAST 14 STREET PANAMA CITY FL 32404</b>		Mailing Address <b>3613 EAST 14 STREET PANAMA CITY FL 32404</b>	
2. Principal Place of Business <b>3613 E 14 St.</b>		3. Mailing Address <b>3613 E 14 St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PANAMA CITY, FLA.</b>		City & State <b>PANAMA CITY, FLA.</b>	
Zip <b>32404</b>	Country <b>BAH</b>	Zip <b>32404</b>	Country <b>BAH</b>
6. Name and Address of Current Registered Agent <b>TATE, RONALD W 3613 EAST 14 STREET PANAMA CITY FL 32404</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  <b>4-11-06</b> Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State.</b>  <b>Due By May 1, 2006</b></p>			

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TATE, RONALD W 3613 EAST 14 STREET PANAMA CITY FL 32404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby 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 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:**  **4-11-06** **850-866-6985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #