## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2006 8:00 am Secretary of State 05-02-2006 90038 013 \*\*\*\*50.00 DOCUMENT # L05000000057 1. Entity Name **FULLER GORDON LLC** 20044500 Principal Place of Business Mailing Address 3711 TROUT RIVER BLVD 3711 TROUL RIVER BLVD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 US 2. Principal Place of Business 3. Mailing Address 3750 Silver Bloth Blod $\leftarrow$ Same Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) Suite 1901 City & State City & State 4. FEI Number Applied For Orange Par 59-8000001 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 32065 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FULLER, THOMAS W** 8080 OAKWOOD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32208 City 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR TITLE TITLE ☐ Delete ☐ Addition FULLER, THOMAS W FULLER, THOMAS W. NAME NAME 8080 OAKWOOD STREET 3750 Silver Bloff Blod. # 1901 STREET ADDRESS STREET ADDRESS JACKSONVUILLE, FL 32208 CITY-ST-ZIP CITY-ST-ZIP Orange Park, Florida 32065 MGRM MGRM (Change ☐ Detete TITLE Addition TITLE GORDON, DONNA 3750 SILVER BLUH BING. #1901 NAME GORDON, DONNA K NAME STREET ADDRESS 8080 OAKWOOD STREET STREET ADDRESS CITY - ST - ZIP JACKSONVILLE, FL 32208 CITY - ST - ZIP Orange Park, Florida 32065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST+7(P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

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