

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUN 13 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000008165	
1. Entity Name ROBERT SHAUN MCKENZIE LLC	

Principal Place of Business P.O. BOX 587 SOPCHOPPY, FL 32358	Mailing Address P.O. BOX 587 SOPCHOPPY, FL 32358
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2. Principal Place of Business Wakulla County FL	3. Mailing Address P.O. Box 587
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crawfordville FL	City & State Sopchoppy FL
Zip 32327	Zip 32358
Country US	Country US



06132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0772804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKENZIE, SHAUN 85 Park Ave SOPCHOPPY, FL 32358	7. Name and Address of New Registered Agent Name Verbon Dale Scott Jr Street Address (P.O. Box Number is Not Acceptable) 85 Park Ave. Sopchoppy, FL City Sopchoppy FL Zip Code 32358
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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 Verbon Dale Scott Jr (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENZIE, ROBERT SHAUN P.O. BOX 587 SOPCHOPPY, FL 32358 <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	MGRM Verbon Dale Scott Jr 85 Park Ave Sopchoppy, FL 32358 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400077730434 07/19/06--01048--012 **50.00 <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
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
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

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.

SIGNATURE: Shaun McKenzie 6/13/06 870-519-6048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #