


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90065 039 ****50.00

DOCUMENT # L05000009159

1. Entity Name
 ARTHUR W. BOSTICK L.L.C.



Principal Place of Business
 114 E. PINE STREET
 AVON PARK, FL 33825

Mailing Address
 P.O. BOX 152
 AVON PARK, FL 33826

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40059236



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 41-2168367

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTICK, ARTHUR W
 114 E. PINE STREET
 AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOSTICK, ARTHUR W	
STREET ADDRESS	114 E. PINE STREET	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TROYER, LEONARD L	
STREET ADDRESS	705 W. BELL	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HASLIP, JONATHAN B	
STREET ADDRESS	441 S HART AVE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  **Date:** 4-12-06 **Daytime Phone #:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE