

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90034 015 \*\*\*\*50.00

<b>DOCUMENT # L05000009973</b> 1. Entity Name <b>HUCKLEBERRY'S CREATIONS, LLC</b>					
Principal Place of Business <b>210 W WASHINGTON ST MONTICELLO, FL 32344 US</b>			Mailing Address <b>210 W WASHINGTON ST MONTICELLO, FL 32344 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>SKELTON, DONNA C 385 N JEFFERSON ST MONTICELLO, FL 32344</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when restate) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKELTON, DONNA C		NAME		
STREET ADDRESS	385 N JEFFERSON ST		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKELTON, MAURICE D		NAME		
STREET ADDRESS	385 N JEFFERSON ST		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOLES, WESLEY D		NAME		
STREET ADDRESS	3263 SHAMROCK EAST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	MRGM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOLES, LISA C		NAME		
STREET ADDRESS	3263 SHAMROCK EAST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Donna Skelton</i>			05/01/06 850/997-3400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					