

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90033 048 ****50.00

DOCUMENT # L05000024824	
1. Entity Name ANTHONY S. FLETCHER "LLC"	

Principal Place of Business 1594 BOGIE DRIVE BIG PINE KEY FL 33043 US	Mailing Address 1594 BOGIE DRIVE BIG PINE KEY FL 33043 US
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2. Principal Place of Business 27905 LOBSTER TAIL TRL	3. Mailing Address 27905 LOBSTER TAIL TRL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LITTLE TORCH KEY, FL 33042	City & State LITTLE TORCH KEY, FL
Zip 33042	Zip 33042
Country USA	Country USA

30008816



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent FLETCHER, ANTHONY S 1594 BOGIE DRIVE BIG PINE KEY FL 33043	
7. Name and Address of New Registered Agent Name FLETCHER, ANTHONY S Street Address (P.O. Box Number is Not Acceptable) 27905 LOBSTER TAIL TRL City LITTLE TORCH KEY FL Zip Code 33042	

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 *Anthony S. Fletcher* DATE *4/6/06*

(Signature, typed or printed name of registered agent and date is applicable) (NOTE: Registered Agent signature required when transferring) (DATE)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPLE! ANTHONY FLETCHER 27905 LOBSTER TAIL TRL LITTLE TORCH KEY, FL 33042 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER MARILYN FLETCHER 27905 LOBSTER TAIL TRL LITTLE TORCH KEY, FL 33042 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JESSICA FLETCHER 27905 LOBSTER TAIL TRL LITTLE TORCH KEY, FL 33042 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: *Anthony S. Fletcher*

4/6/06

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

Date

Daytime Phone #