



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90081 038 \*\*\*\*55.00

<b>DOCUMENT # L05000026833</b>					
<b>1. Entity Name</b> CURT AND MARY HUBBARD, LLC					
<b>Principal Place of Business</b> 3745 ST. JOHNS INDUSTRIAL PARKWAY WEST JACKSONVILLE, FL 32246			<b>Mailing Address</b> 3745 ST. JOHNS INDUSTRIAL PARKWAY WEST JACKSONVILLE, FL 32246		
<b>2. Principal Place of Business</b> 14270 HAWKSMORE LANE Suite, Apt. #, etc. N/A		<b>3. Mailing Address</b> SAME AS BUSINESS Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4207037 <i>EDW</i>	
<b>Zip</b> 32223		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HUBBARD, CURT 3745 ST. JOHNS INDUSTRIAL PARKWAY WEST JACKSONVILLE, FL 32246 14270 HAWKSMORE LN. JACKSONVILLE, FL 32223			<b>7. Name and Address of New Registered Agent</b> Name: <i>HUBBARD, CURT</i> Street Address (P.O. Box Number is Not Acceptable): 14270 HAWKSMORE LANE City: <i>JACKSONVILLE</i> <b>FL</b> <i>32223</i>		
<b>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.</b> SIGNATURE: <i>[Signature]</i> CURT HUBBARD MGRM <span style="float: right;">7/6/06</span> <small>Signature of registered agent. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> HUBBARD, CURT 3745 ST. JOHNS INDUSTRIAL PARKWAY WEST JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	14270 HAWKSMORE LANE JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> HUBBARD, MARY 3745 ST. JOHNS INDUSTRIAL PARKWAY WEST JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	14270 HAWKSMORE LANE JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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>					
<b>SIGNATURE</b> <i>[Signature]</i> CURT HUBBARD <span style="float: right;">7/6/06 904-262-6130</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					