08/24/2006 09:12 8970763 JOE CARNLEY

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2006-90035-003-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:50

DOCUMENT # L05000034192

1. Entity Name
BILL CARNLEY, L.L.C.

Principal Place of Business	Mailing Address
240 HOWARD STREET NICEVILLE FL 32578	240 HOWARD STREET NICEVILLE FL 32578
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 41-2173615 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUECKEN, LARRY D 310 BEACH DRIVE DESTIN FL 32540-5186	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 Bill Carnley august 24 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARNLEY, BILL 240 HOWARD STREET NICEVILLE FL 32578 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200080458982 10/04/06--01033--018 **5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STANFILL, WILLIAM J 208 HOMESTEAD NICEVILLE FL 32578 ☑ 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
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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: Bill Carnley august 24 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #