

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000035078

1. Entity Name

ATKERSON & ATKERSON, L.L.C.



Principal Place of Business

8833 PERIMETER PARK BLVD.
#1104
JACKSONVILLE, FL 32216

Mailing Address

8833 PERIMETER PARK BLVD.
#1104
JACKSONVILLE, FL 32216



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1680803

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKERSON, CHARLES F JR
8833 PERIMETER PARK BLVD
#1104
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

UN00000730249
05/08/07-80072-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	C. ATKERSON, INC
STREET ADDRESS	8833 PERIMETER PARK BLVD. #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: *C. Atkinson*

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

4/24/07

Date

904-564-2262

Daytime Phone #