2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-27-2006 90048 029 ****55.00

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02022006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
ATKERSON & BOUDOLF, L.L.C.

Principal Place of Business	Mailing Address
~~9471 BAYMEADOWS ROAD, SUITE 402~~ ~~JACKSONVILLE, FL 32256~~	~~9471 BAYMEADOWS ROAD, SUITE 402~~ ~~JACKSONVILLE, FL 32256~~

2. Principal Place of Business		3. Mailing Address	
8833 Perimeter Park Blvd.		8833 Perimeter Park Blvd.	
Suite, Apt. #, etc.: #1104		Suite, Apt. #, etc.: #1104	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32216	Country: Duval	Zip: 32216	Country: Duval

4. FEI Number: 20-1680837 ☐ 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
ATKERSON, CHARLES F JR	Name: Charles F. Atkerson, Jr.
~~9471 BAYMEADOWS ROAD, SUITE 402~~	Street Address (P.O. Box Number is Not Acceptable): 8833 Perimeter Park Blvd.
JACKSONVILLE, FL ~~32256~~	#1104
	City: Jacksonville FL Zip Code: 32216

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: C. Atkerson, Inc. STREET ADDRESS: 8833 Perimeter Park Blvd #1104 CITY-ST-ZIP: Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: [signature] Charles F. Atkerson, Jr. 3/22/06 904-564-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #