

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

03-27-2006 90048 031 ****55.00

DOCUMENT # L05000035081 1. Entity Name ATKERSON & WAKEFIELD, L.L.C.																											
Principal Place of Business 9471 BAYMEADOWS ROAD, SUITE 402 JACKSONVILLE, FL 32256		Mailing Address 9471 BAYMEADOWS ROAD, SUITE 402 JACKSONVILLE, FL 32256																									
2. Principal Place of Business 8833 Perimeter Park Blvd. Suite, Apt. #, etc. #1104 City & State Jacksonville FL Zip 32216 Country Duval		3. Mailing Address 8833 Perimeter Park Blvd. Suite, Apt. #, etc. #1104 City & State Jacksonville FL Zip 32216 Country Duval																									
4. Name and Address of Current Registered Agent ATKERSON, CHARLES F JR 9471 BAYMEADOWS ROAD, SUITE 402 JACKSONVILLE, FL 32256		5. Name and Address of New Registered Agent Name _____ Street Address (R.O. Box Number is Not Acceptable) 8833 Perimeter Park Blvd. #1104 City Jacksonville State FL Zip Code 32216																									
6. 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 date if applicable (NOTE: Registered Agent signature required when re-registering)																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
8. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> Managing Member C. Atkinson, Inc. 8833 Perimeter Park Blvd. #1104 Jacksonville, FL 32216 ☐ Change ☒ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member C. Atkinson, Inc. 8833 Perimeter Park Blvd. #1104 Jacksonville, FL 32216 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	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: <u>Charles F. Atkinson, Jr.</u> 3/23/06 904-564-2252 SIGNATURE AND TYPED OR PRINTED NAME OF BEHINDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											