2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# L05000036672

Entity Name: MASTERSON PARTNERS, LLC

Current Principal Place of Business:

6 TWIN OAKS LANE
DOTHAN, AL 36303

New Principal Place of Business:

Current Mailing Address:

6 TWIN OAKS LANE
DOTHAN, AL 36303

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LOYD, MARK
Address: 6 TWIN OAKS LANE
City-St-Zip: DOTHAN, AL 36303 US

Title: MGRM ( ) Change (X) Addition
Name: MORTON, CATRECE
Address: 2740 FM 407
City-St-Zip: JUSTIN, TX 76247 US

Title: MGRM ( ) Change (X) Addition
Name: MORTON, JAMES
Address: 2740 FM 407
City-St-Zip: JUSTIN, TX 76247 US

Title: MGR ( ) Change (X) Addition
Name: LOYD, GAIL
Address: 6 TWIN OAKS LANE
City-St-Zip: DOTHAN, AL 36303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL LOYD MGR 09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date