## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045787

Entity Name: AARON B. FLOYD ENTERPRISES, LLC

**FILED** Mar 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13826 WINDSOR CROWN COURT, EAST 13659 QUEENS HARBOUR BLVD., NORTH JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32225

**Current Mailing Address: New Mailing Address:** 

13826 WINDSOR CROWN COURT, EAST 13659 QUEENS HARBOUR BLVD., NORTH

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 US

FEI Number: 20-2840801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLOYD, AARON B FLOYD, AARON B

13826 WINDSOR CROWN COURT, EAST 13659 QUEENS HARBOUR BLVD., NORTH

JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 US

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: AARON B. FLOYD 03/31/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

FLOYD, AARON B FLOYD, AARON B Name: Name:

13659 QUEENS HARBOUR BLVD., NORTH Address: 13826 WINDSOR CROWN COURT, EAST Address:

City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: AARON B. FLOYD **MGRM** 03/31/2006