2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000047838

Entity Name: HUMBLE ENTERPRISES, LLC

Current Principal Place of Business:

4128 NORTHSHORE ROAD
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

4128 NORTHSHORE ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 71-0982687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASOTA, STEVEN M ESQ
BARRON, REDDING, HUGHES, FITE, ET AL
220 MCKENZIE AVENUE
PANAMA CITY, FL 32402 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:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HUMBLE, BRADLEY C
Address: 4611 BAYWOOD DR.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Change (X) Addition
Name: HUMBLE, WILLIAM G
Address: 1655 COUNTRY CLUB DR.
City-St-Zip: KILLEN, AL 35645 US

Title: MGRM ( ) Change (X) Addition
Name: HUMBLE, MARTIN J
Address: 561 FOREST TRAIL
City-St-Zip: MONTGOMERY, AL 36117 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: MARTIN J. HUMBLE MGRM 04/25/2006

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