

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047838

FILED
Apr 17, 2007
Secretary of State

Entity Name: HUMBLE ENTERPRISES, LLC

Current Principal Place of Business:

4128 NORTSHORE ROAD
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

4128 NORTSHORE ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

6700 N. TALLAHASSEE ROAD
CRYSTAL RIVER, FL 34428

FEI Number: 71-0982687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEEBRICK, BRIAN D ESQ
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: MGRM () Delete
Name: HUMBLE, BRADLEY C
Address: 4611 BAYWOOD DR.
City-St-Zip: LYNN HAVEN, FL 32444 US

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

Title: MGRM () Delete
Name: HUMBLE, MARTIN J
Address: 561 FOREST TRAIL
City-St-Zip: MONTGOMERY, AL 36117 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRADLEY HUMBLE

MGR

04/17/2007

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