

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 26, 2006  
Secretary of State**

DOCUMENT# L05000057073

Entity Name: WENCHRIST & SONS, LLC.

**Current Principal Place of Business:**

69 WARWICK AVENUE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

69 WARWICK AVENUE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-2921519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

GODFREY, WENDELL  
69 WARWICK AVENUE  
ORMOND BEACH, FL 32174      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: GODFREY, WENDELL  
Address: 69 WARWICK AVENUE  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: MGR      ( ) Delete  
Name: GODFREY, CHRISTINE  
Address: 69 WARWICK AVENUE  
City-St-Zip: ORMOND BEACH, FL 32174

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: WENDELL GODFREY

MGR

07/26/2006

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