## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064143

Entity Name: CAUTHON, MCGUIGAN & PREBOR, PLC

**FILED** Sep 01, 2006 Secretary of State

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

P.O. BOX 1049 408 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32602

SUITE 204

GAINESVILLE, FL 32601

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

408 WEST UNIVERSITY AVENUE P.O. BOX 1049

GAINESVILLE, FL 32602 SUITE 204

GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

FEI Number: 20-3115540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

CAUTHON, RAY CAUTHON, RAY 5212 SW 86TH TERR. 408 WEST UNIVERSITY

GAINESVILLE, FL 32608 US SUITE 204 GAINESVILLE, FL 32601 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: G. RAY CAUTHON, III 09/01/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

CAUTHON, RAY Name: Name: CAUTHON, RAY

P.O. BOX 1049 Address: 408 WEST UNIVERSITY AVENUE, SUITE 204 Address:

City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: GAINESVILLE, FL 32601

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

Name: PREBOR, LAYNE D Name: PREBOR, LAYNE D

Address: P.O. BOX 1049 Address: 408 WEST UNIVERSITY AVENUE. SUITE 204 City-St-Zip: GAINESVILLE, FL 32601

GAINESVILLE, FL 32602 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition MCGUIGAN, MAURA Name: MCGUIGAN, MAURA Name:

408 WEST UNIVERSITY AVENUE, SUITE 204 Address: P.O. BOX 1049 Address:

City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: GAINESVILLE, FL 32601

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: LAYNE D. PREBOR **MGRM** 09/01/2006