

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Feb 10, 2006 8:00 am
Secretary of State**

02-10-2006 90168 042 ****50.00

DOCUMENT # L05000075370				
1. Entity Name CARL'S SMALL ENGINE REPAIR, LLC				
Principal Place of Business 2222 NW WHIPPOORWILL DRIVE GREENVILLE, FL 32331 US		Mailing Address 2222 NW WHIPPOORWILL DRIVE GREENVILLE, FL 32331 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 20-3322586				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent HAMRICK, CARL 2222 NW WHIPPOORWILL DRIVE GREENVILLE, FL 32331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR HAMRICK, CARL 2222 WHIPPOORWILL DRIVE GREENVILLE, FL 32331 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Carlton K. Hamrick</u>		CARLTON K. HAMRICK		1-30-06 850-948-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #