




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90229 042 \*\*\*\*50.00

<b>DOCUMENT # L05000081682</b>					
1. Entity Name <b>TILLMAN J. PHAGAN LLC</b>					
Principal Place of Business <b>12300 SUN RIVER LANE DADE CITY, FL 33525</b>			Mailing Address <b>12300 SUN RIVER LANE DADE CITY, FL 33525</b>		
2. Principal Place of Business <b>34336 PERFECT DR</b>			3. Mailing Address <b>34336 PERFECT DR.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>DADE CITY, FL</b>			City & State <b>DADE CITY, FL</b>		
Zip <b>33525</b>	Country <b>USA</b>	Zip <b>33525</b>	Country <b>USA</b>	4. FEI Number <b>59-3913243</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PHAGAN, TILLMAN J. 12300 SUN RIVER LANE DADE CITY, FL 33525</b>				7. Name and Address of New Registered Agent Name <b>TILLMAN J PHAGAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>34336 PERFECT DR</b> City <b>DADE CITY</b> FL Zip Code <b>33525</b>	
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 <b>TILLMAN J PHAGAN</b>  DATE <b>1-27-06</b> <small>(NOTE: Registered Agent signature required when re-designating)</small>					
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	MGRM PHAGAN, TILLMAN J 12300 SUN RIVER LANE DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TILLMAN J. PHAGAN 34336 PERFECT DR. DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			DATE: <b>1-27-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone</small>		



ATTACHMENT

20009909

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

TILLMAN J. PHAGAN LLC  
34336 PERFECT DR  
DADE CITY, FL 33525

Subject: TILLMAN J. PHAGAN LLC

Reference Number: L05000081682

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION