


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90011 026 ****50.00

DOCUMENT # L05000084036 1. Entity Name ARK-ANGEL BOOKS AND GIFTS, LLC					
Principal Place of Business 12883 NW HIGHWAY 225 REDDICK, FL 32686			Mailing Address 12883 NW HIGHWAY 225, REDDICK, FL 32686		
2. Principal Place of Business 1175 SW 93 Ct Rd Suite, Apt. #, etc. Suite 102 City & State Ocala, FL Zip 34481		3. Mailing Address 1175 SW 93 Ct Rd Suite, Apt. #, etc. Suite 102 City & State Ocala FL Zip 34481		4. FEI Number 20-3367120	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOWLES, MICHAEL WAYNE 12883 NW HIGHWAY 225 REDDICK, FL 32686				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 _____ (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 KNOWLES, MICHAEL WAYNE 12883 NW HIGHWAY 225 REDDICK, FL 32686	<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	MGR KNOWLES, JUNE PATRICIA 12883 NW HIGHWAY 225 REDDICK, FL 32686	<input type="checkbox"/> Delete		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>June P. Knowles</u> <u>June P. Knowles</u> <u>4/21/2006</u> <u>352-351-4275</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					