

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-23-2006 90227 009 \*\*\*\*50.00

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01192006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000086556</b> 1. Entity Name <b>M &amp; R MAINTENANCE, LLC</b>					
Principal Place of Business <b>1408 DARVY LANE</b> <b>CANTONMENT, FL 32533 US</b>			Mailing Address <b>1408 DARVY LANE</b> <b>CANTONMENT, FL 32533 US</b>		
2. Principal Place of Business <b>1408 Darby Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>1408 Darby Lane</b> Suite, Apt. #, etc.			
City & State <b>Cantonment, FL 32533</b> Zip <b>32533</b> Country <b>USA</b>		City & State <b>Cantonment, FL</b> Zip <b>32533</b> Country <b>USA</b>		4. FEI Number <b>20-3402186</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LOWERY, RONALD H</b> <b>1408 DARVY LANE</b> <b>CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent Name <b>Ronald H. Lowery</b> Street Address (P.O. Box Number is Not Acceptable) <b>1408 Darby Lane</b> City <b>Cantonment</b> FL Zip Code <b>32533</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>Ronald H Lowery</b> DATE: <b>1-20-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWERY, RONALD H 1408 DARVY LANE CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lowery, Ronald H. 1408 Darby Lane Cantonment, FL 32533
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWERY, MELODY L 1408 DARVY LANE CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lowery, Melody L. 1408 Darby Lane Cantonment, FL 32533
		<input checked="" 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: <b>Ronnie Lowery</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>1-20-06</b> Daytime Phone # <b>850 982-4095</b>		