## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087734

Entity Name: C.L. FLEEMAN & ASSOCIATES LLC

**FILED** Feb 23, 2006 Secretary of State

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

222 WEST BAY DRIVE 17633 GUNN HIGHWAY LARGO, FL 33770

SUITE 137 ODESSA, FL 33556

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

PO BOX 5438

LARGO, FL 33779 US

FEI Number: 20-3424743 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAVENDER, KYLE FLEEMAN, DAVID A 873 WEST BAY DRIVE 513 4TH AVE NE LARGO, FL 33770 US SUITE 105 LARGO, FL 33770 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: DAVID A FLEEMAN 02/23/2006

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete FLEEMAN, CAROLE Name:

513 4TH AVE NE Address: City-St-Zip: LARGO, FL 33770 US

Title: MGRM () Delete FLEEMAN, DAVID Name: Address: 513 4TH AVE NE City-St-Zip: LARGO, FL 33770 US

Title: MGRM () Delete FLEEMAN, HOPE Name: Address: 509 4TH AVE NE City-St-Zip: LARGO, FL 33770 US

Title: MGRM ( ) Delete Name: FLEEMAN, ROBERT Address: 509 4TH AVE NE City-St-Zip: LARGO, FL 33770 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

FLEEMAN, CAROLE L Name: Address: 513 4TH AVE NE City-St-Zip: LARGO, FL 33770 US

Title: MGRM (X) Change ( ) Addition

Name: FLEEMAN, DAVID A Address: 513 4TH AVE NE City-St-Zip: LARGO, FL 33770 US

Title: MBR (X) Change ( ) Addition

FLEEMAN, HOPE D Name: 509 4TH AVE NE Address: City-St-Zip: LARGO, FL 33770 US

Title: MBR (X) Change ( ) Addition

Name: FLEEMAN, ROBERT L 509 4TH AVE NE Address: City-St-Zip: LARGO, FL 33770 US

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: DAVID A FLEEMAN **MGRM** 02/23/2006