

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090256

FILED  
Feb 07, 2006  
Secretary of State

Entity Name: SPIKES CONCRETE & CARPENTRY, LLC

**Current Principal Place of Business:**

12200 CUE DRIVE  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6002  
PANAMA CITY, FL 32404

**New Mailing Address:**

FEI Number: 20-3547380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIKES, SIMON L  
305A SUKOSHI DRIVR  
PANAMA CITY, FL 32404 US

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

SPIKES, SIMON L  
12200 CUE DRIVE  
PANAMA CITY, FL 32404 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: SIMON SPIKES

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPIKES, SIMON L  
Address: 305A SUKOSHI DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM (X) Delete  
Name: EMANUEL, CHARLES A JR  
Address: 3020 GARFIELD LANE  
City-St-Zip: VERNON, FL 32462

Title: MGR (X) Delete  
Name: KIRK, TONY R  
Address: 1609 ALASKA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR ( ) Delete  
Name: SPIKES, JENNIFER S  
Address: 305A SUKOSHI DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: MGR ( ) Delete  
Name: HARRIS, SPENCER  
Address: 701 KIRKLIN AVE.  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPIKES, SIMON L  
Address: P.O. BOX 6002  
City-St-Zip: PANAMA CITY, FL 32404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SPIKES, JENNIFER S  
Address: P.O BOX 6002  
City-St-Zip: PANAMA CITY, FL 32404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SIMON SPIKES

MGRM

02/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date