



FILED  
May 12, 2006 8:00 am  
Secretary of State

04-17-2006 90053 037 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L05000092086</b>   |  |    |  |
| 1. Entity Name<br>JEFF'S COMPLETE BOBCAT SERVICE LLC   |  |   |  |
| Principal Place of Business<br>1232 COURTLAND BLVD<br>DELTONA, FL 32738 US   |  | Mailing Address<br>1232 COURTLAND BLVD<br>DELTONA, FL 32738 US  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  |  | Zip   |  |
| Country  |  | Country   |  |
| 4. FEI Number<br>30-3496610  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>MCINTYRE, JEFFERY K<br>1232 COURTLAND BLVD<br>DELTONA, FL 32738   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if acceptable (NOTE: Registered Agent signature required when renaming)</small> DATE _____  |  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR<br>MCINTYRE, JEFFERY K<br>1232 COURTLAND BLVD<br>DELTONA, FL 32738 <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br><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 606, Florida Statutes. |  |   |  |
| SIGNATURE:    |  | 4-11-06   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #  |  |