


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90001 009 ****50.00

DOCUMENT # L05000093827					
1. Entity Name BRANDON H. HELTON LLC					
Principal Place of Business 677 EAST IVAN CRAWFORDVILLE, FL 32327			Mailing Address P.O. BOX 717 ST. MARKS, FL 32355		
2. Principal Place of Business 87 Tagglinger Rd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crawfordville, Florida		City & State		4. FEI Number 51-0564228	
Zip 32327		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKAYE, MORGAN 1352 RIVER PLANTATION ROAD CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name: Morgan McKaye Street Address (P.O. Box Number is Not Acceptable): 87 Tagglinger Road City: Crawfordville FL Zip Code: 32327	
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: <u>Morgan McKaye</u> DATE: <u>1/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
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	MGRM HELTON, BRANDON 677 EAST IVAN CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Helton, Brandon 87 Tagglinger Rd Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>[Signature]</u>				Date: <u>2/15/06</u> Daytime Phone #: <u>694 2681</u>	