## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 17, 2006 8:00 am Secretary of State

DOCUMENT # L05000098675  1. Entity Name LARRY R. COMBS LC						07-17-2006 9	0041 01	5 ****5(	).00
Principal Place	e of Business	Mailing Address		7					
3570 NORTH		3570 NORTH ROAD							
NORTH FORT MYERS, FL 33917		NORTH FORT MYERS, FL 33917							
					1167116116	SI BEIDI DINI BENY DENI PENI		(8 8)(6) 1000 BI	(TRI (1) (DE)
Principal P	lace of Business	3. Mailing Address			<b>-</b>     <b>      </b>				
	AMET	SAME				AL SELBL BITH BUIN MENT POLIT	BOWO LEISH ISK	il enul lebet eli	.ERI NJ   ERI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132006	05-110	00050	n (44 (05)		
				07 132000	Chg-LLC	CRZEU	33 (11/05) -		
City & State		City & State			4. FEI Numb	161281	1		plied For
į Zip	Country	Zip Coun		ln:	12	161 201		<del></del>	t Applicable
; ZIP	Country		Cour	u y	5. Certificat	e of Status Desired		5.00 Add ee Required	
<del>.</del>	6. Name and Address of Current F	I	i -	7. Name and Address of New Registered Agent					
	-			Name					
	ARRY R SR	Stroot Addra		Street Address	(P.O. Pay Numi	per is Not Acceptable)			
3570 NOR	ORT MYERS, FL 33917			Sileet Address	(F.O. BOX NOM	Del 15 Not Acceptable)			
1,01,1111									
	, с			City				Zip Code	
					-		FL	<u> </u>	
8. The above named entity submits this statement for the purpose of charging 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  Signature, typer of prostated upon an additional operation. (NOTE: Registered Agent signature required when reinstating)  DATE									
Fil Dua h	ing Fee is \$50:00 by September 6, 2006						check pa	-	_
540 .	y deptember o, 2000					riorida	Departme	nt of State	,
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES	··	
TITLE	MGR	☐ Delete	TITL		•			☐ Change	Addition
NAME	COMBS, PHYLLIS A		NAM						
STREET ADDRESS CITY-ST-ZIP	3570 NORTH ROAD			ET ADDRESS					
	NORTH FORT MYER, FL 33917	——————————————————————————————————————		-ST-ZIP					
TITLE NAME	MGR COMBS, LARRY R JR.	Delete	TITL! NAM	1				☐ Change	Addition
STREET ADDRESS	2123 NE 4TH PLACE	, ,		ET ADDRESS					
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY	-ST-ZIP					
TITLE		☐ Delete	TITL		****	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			NAM	E					_
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			┪—	-ST-ZIP		<del></del>			
THE		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	F				☐ Change	Addition
NAME		Ociote	NAM	1				orange	
STREET ADDRESS			STRE	ET ADORESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITU					☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
	partifu that the information amedia =	this filing does not avalle for			t in Chantar 110	Clorida Cintura I fue	that and it	that the infe	rmation
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 effect this report as required by Chapter 608, Florida Statutes.									