

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099559

FILED
Jul 05, 2006
Secretary of State

Entity Name: FIRST RESPONSE DISASTER TEAM, LLC

Current Principal Place of Business:

10 MEAD DRIVE
PENSACOLA, FL 32526

New Principal Place of Business:

10 MEAD DRIVE
PENSACOLA, FL 32526 US

Current Mailing Address:

10 MEAD DRIVE
PENSACOLA, FL 32526

New Mailing Address:

10 MEAD DRIVE
PENSACOLA, FL 32526 US

FEI Number: 59-3820542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FENDLEY, KEITH
10 MEAD DRIVE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FENDLEY, KEITH
Address: 10 MEAD DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Delete
Name: FENDLEY, CONNIE
Address: 10 MEAD DRIVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FENDLEY, KEITH
Address: 10 MEAD DRIVE
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM (X) Change () Addition
Name: FENDLEY, CONNIE
Address: 10 MEAD DRIVE
City-St-Zip: PENSACOLA, FL 32526 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: KEITH FENDLEY

MGRM

07/05/2006

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