

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90129 012 \*\*\*\*55.00

<b>DOCUMENT # L05000104271</b> 1. Entity Name <b>DOUGLAS PACK CONSTRUCTION LLC</b>			
Principal Place of Business <b>2208 SANDPIPER ST. TALLAHASSEE, FL 32303</b>		Mailing Address <b>2208 SANDPIPER ST. TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business <b>2613 Beni Stautamine Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2613 Beni Stautamine Rd.</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee, FL</b> Zip <b>32310</b> Country <b>USA</b>		City & State <b>Tallahassee, FL</b> Zip <b>32310</b> Country <b>USA</b>	
4. FEI Number <b>043830870</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		07032006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>PACK, RHONDA 2208 SANDPIPER ST. TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name <b>Rhonda Pack</b> Street Address (P.O. Box Number is Not Acceptable) <b>2613 Beni Stautamine Rd.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32310</b>	
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 <b>Rhonda Pack</b> <b>MGRM</b> <b>8-16-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACK, DOUG 2208 SANDPIPER ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACK, RHONDA 2208 SANDPIPER ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2613 Beni Stautamine Rd. Tallahassee, FL 32310	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2613 Beni Stautamine Rd. Tallahassee, FL 32310	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2613 Beni Stautamine Rd. Tallahassee, FL 32310	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2613 Beni Stautamine Rd. Tallahassee, FL 32310	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Rhonda Pack - Rhonda Pack</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>8-16-06 (850) 575-6779</b> <small>Date Daytime Phone #</small>	