## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

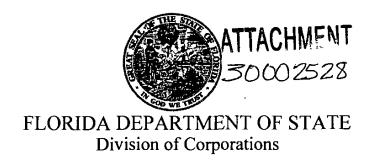
JRE: CHARL A TON SIGNATURE AND TYPED OR PRINTED NAME OF SHAMME MANAGENCI MEMBER, MANAGER, OR AUTHOR

## Mar 15, 2006 8:00 am Secretary of State **DOCUMENT # L05000105283** 1. Entity Name 03-01-2006 90221 011 \*\*\*\*50.00 TOMBLEY, ELC Principal Place of Business Maiting Address 2555 N.E. 49TH STREET OCALA FL 34479 2555 N.E. 49TH STREET OCALA FL 34479 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOMBLEY, CAROL Street Address (P.O. Box Number is Not Acceptable) 2555 N.E. 49TH STREET **OCALA FL 34479** City Zip Code~ 3. 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 Septiature, typisu or printed name of registered against and title c applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE manger ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2555 N.G. 494 St Realing Member TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITEF ☐ Detete ☐ Change ☐ Addition HALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP Oelele TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CAROL A TOMBLEY

LIGHTER MANAGER OF AUTHORIZED REPRESENTATIVE

706 20, 2006 - 629-4745



March 3, 2006

TOMBLEY, LLC 2555 N.E. 49TH STREET OCALA, FL 34479

Subject: TOMBLEY, LLC

Reference Number:

L05000105283

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION