

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**


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**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90039 033 \*\*\*\*50.00

**DOCUMENT # L05000107587**

1. Entity Name  
**JAY HUFF, LLC**



Principal Place of Business      Mailing Address

7091 BRIDLEWOOD LN      7091 BRIDLEWOOD LN  
 PENSACOLA FL 32526      PENSACOLA FL 32526  
 US      US



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**03-0593619**      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

1st MOORE      CR2E083 (10/05)

8. Name and Address of Current Registered Agent

**HUFF, KANDI**  
**7091 BRIDLEWOOD LN**  
**PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

I, the above named entity submit 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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when Resigning)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00.**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	HUFF, JAY F	7091 BRIDLEWOOD LN	PENSACOLA FL 32526	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Jay Huff*      4-23-06 850 516 586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      (Date)      (System Phone #)