2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 14, 2006 8:00 am
Secretary of State
05-10-2006 90017 009 ****50.00

DOCUMENT # L05000109459

1. Entity Name
DEBORAH EDGERTON LLC

Principal Place of Business	Mailing Address
8985 NORMANDY BLVD. 297 JACKSONVILLE FL 32221	8985 NORMANDY BLVD. 297 JACKSONVILLE FL 32221

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
8985 Normandy Blvd	8985 Normandy Blvd
Suite, Apt. #, etc.: 297	Suite, Apt. #, etc.: 297
City & State: JAX, FL	City & State: JAX, FL
Zip: 32221 Country: Duval	Zip: 32221 Country: Duval

4. FEI Number: 84-1693641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDGERTON, DEBORAH
8985 NORMANDY BLVD.
297
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Deborah K Edgerton 4/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	Manager Deborah Edgerton LLC 8985 Normandy Blvd 297 JAX, FLA 32221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Deborah K Edgerton 4/29/06 904693-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #