

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110685

Entity Name: BUSH WHACKERS, LLC

FILED
Jan 08, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 1431
WOODVILLE, FL 32362 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1431
WOODVILLE, FL 32362 US

New Mailing Address:

FEI Number: 20-3804000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI, FL 33130 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: HOPE, DALE
Address: PO BOX 1431
City-St-Zip: WOODVILLE, FL 32362 US

Title: MGRM () Delete
Name: HOPE, JOYCE
Address: PO BOX 1431
City-St-Zip: WOODVILLE, FL 32362 US

Title: MGRM () Delete
Name: HOPE, LESLIE
Address: PO BOX 1431
City-St-Zip: WOODVILLE, FL 32362 US

Title: MGRM () Delete
Name: HOPE, VERNON
Address: PO BOX 1431
City-St-Zip: WOODVILLE, FL 32362 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DALE HOPE

MGRM

01/08/2006

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