


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90292 044 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000114806</b>                          |  |
| 1. Entity Name<br><b>JUBILEE GRACEVILLE CENTER, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1111 S. BELTLINE HIGHWAY, SUITE 204<br/>MOBILE AL 36606</b> | Mailing Address<br><b>1111 S. BELTLINE HIGHWAY, SUITE 204<br/>MOBILE AL 36606</b> |
|---|---|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. <b>202</b><br>City & State<br>Zip |         | 3. Mailing Address<br>Suite, Apt. #, etc. <b>202</b><br>City & State<br>Zip |         |
| Country   | Country | Country   | Country |

1st MOORE CR2E083 (10/05)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |
|--|--|

7. Name and Address of New Registered Agent  
Name: **John T. Aronball Jr**  
Street Address: **1111 S. BELTLINE HIGHWAY, SUITE 204**  
City: **MOBILE** Zip: **36606**

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>             | (NOTE: Registered Agent signature required when reconstituting) | DATE _____ |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State.</b><br><b>Due By May 1, 2006</b> |   |            |

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>JUBILEE CENTERS, LLC<br/>1111 S. BELTLINE HIGHWAY, SUITE 204<br/>MOBILE AL 36606</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:** John T. Aronball Jr **3-7-06** **251-496-5264**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE