


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90050 007 ****50.00

DOCUMENT # L05000116182 1. Entity Name CAMPBELL GUTTER COMPANY LLC.																											
Principal Place of Business 6943 PARK LANE LAKE WORTH, FL 33467 US		Mailing Address PO BOX 213425 WEST PALM BEACH, FL 33421																									
2. Principal Place of Business 17790 127 ST. Suite, Apt. #, etc.		3. Mailing Address 17790 127th St. Suite, Apt. #, etc.																									
City & State Jupiter Zip 33478		City & State Jupiter Zip Country																									
4. FEI Number 20-3884700		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CAMPBELL, CHAD R 6943 PARK LANE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Campbell, Chad R Street Address (P.O. Box Number is Not Acceptable) 17790 127th St. City Jupiter FL Zip Code 33478																									
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 <u>Chad R Campbell</u> (NOTE: Registered Agent signature required when renewing) DATE _____																											
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CAMPBELL, CHAD R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6943 PARK LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CAMPBELL, CHAD R		STREET ADDRESS	6943 PARK LANE		CITY-ST-ZIP	LAKE WORTH, FL 33467		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Chad R Campbell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17790 127th St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jupiter, FL 33478</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Chad R Campbell		STREET ADDRESS	17790 127th St.		CITY-ST-ZIP	Jupiter, FL 33478	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Chad R Campbell</u> <u>Chad R Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>7-26-2006</u> Daytime Phone # <u>561-239-6503</u>																									