

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119753

FILED
Apr 10, 2006
Secretary of State

Entity Name: LUMBERGH & ASSOCIATES LLC

Current Principal Place of Business:

2806 WEST US HIGHWAY 90
101
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

2806 WEST US HIGHWAY 90
101
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 03-0576414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMQUE, ANSON D
2806 WEST US HIGHWAY 90
101
LAKE CITY, FL 32055 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: MGR () Delete
Name: PRICE, LAWRENCE E
Address: 2806 WEST US HIGHWAY 90 SUITE# 101
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGR () Delete
Name: AVERY, CRAPPS E
Address: 2806 WEST US HIGHWAY 90 SUITE# 101
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM () Delete
Name: SIMQUE, ANSON D
Address: 2806 WEST US HIGHWAY 90 SUITE# 101
City-St-Zip: LAKE CITY, FL 32055 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:

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: ANSON SIMQUE

RA

04/10/2006

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