

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000122947

FILED  
Sep 19, 2006  
Secretary of State

**Entity Name:** CREMATION & MEMORIAL CENTER LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2404 E. JOHNSON AVE.  
PENSACOLA, FL 32514

**New Principal Place of Business:**

8531 PENSACOLA BOULEVARD  
PENSACOLA, FL 32514

**Current Mailing Address:**

1765 NINE MILE RD  
STE 1, BOX 236  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 20-3961582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGILL, GERALD A ESQ.  
202 W. JACKSON ST.  
PENSACOLA, FL 32501      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: WHITSON, THOMAS J  
Address: 3541 HWY 196  
City-St-Zip: MOLINO, FL 32577

Title: MGRM ( ) Delete  
Name: WHITSON, KAY W  
Address: 3541 HWY 196  
City-St-Zip: MOLINO, FL 32577

**ADDITIONS/CHANGES:**

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: KAY W. WHITSON

MGR

09/19/2006

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