


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90042 047 ****50.00

DOCUMENT # L98000000926	
1. Entity Name WILLIS MANAGEMENT GROUP LC	

Principal Place of Business 2705 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169	Mailing Address PO BOX 2 QUINLAULT WA 98575
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2705 S. Atlantic Ave Suite, Apt. #, etc.	
City & State		City & State New Smyrna Beach, FL	
Zip 32169	Country USA	Zip 32169	Country USA

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent WILLIS, STEPHEN P 360 GOLF BROOK CIRCLE # 108 LONGWOOD FL 32779		7. Name and Address of New Registered Agent Name Charles D. Willis Street Address (P.O. Box Number is Not Acceptable) 6911 Pensacola Blvd. City Pensacola FL Zip Code 32505	
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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 *Charles D. Willis* (NOTE: Registered Agent signature required when reissuing) DATE 3-08-06

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, CHARLES D 846 TURKEY RD NW OLYMPIA WA 98502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Willis, Charles D. 6911 Pensacola Blvd. Pensacola, FL 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Charles D. Willis* **Charles D. Willis** 3/8/06 407-967-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #