2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001264

1. Entity Name
POPPELL, L.C.

Principal Place of Business	Mailing Address
911A MAR WALT DRIVE FORT WALTON BEACH, FL 32547	911A MAR WALT DRIVE FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3577068	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POPPELL, SAMUEL E
STREET ADDRESS	911 MAR WALT DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000428642
02/21/06-80054-012 50.00

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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: _Samuel E Poppell MD_   Samuel E. Poppell, MD   1-5-06   850-862-700/

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