

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001322

1. Entity Name
FLOYD BROTHERS PROPERTIES, L.C.



Principal Place of Business
101 E 9 1/2 MILE ROAD
PENSACOLA, FL 32534

Mailing Address
101 E 9 1/2 MILE ROAD
PENSACOLA, FL 32534



02142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLAR, LARRY D ESQ
5514 NORTH DAVIS HWY
SUITE 105
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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**

1000001466423
03/23/06-00009-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLOYD, TIMOTHY W
STREET ADDRESS	9805 PINEBRAKE CT
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	MGRM
NAME	FLOYD, SAMUEL D
STREET ADDRESS	9565 CHANDLER DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 603, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-9-06 850.484.6007