


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90019 050 \*\*\*\*50.00

<b>DOCUMENT # L99000008732</b> 1. Entity Name <b>RUNSHIP, L.L.C.</b>					
Principal Place of Business <b>601 SOUTH PALAFOX STREET PENSACOLA, FL 32502</b>			Mailing Address <b>POST OFFICE BOX 12725 PENSACOLA, FL 32591</b>		
2. Principal Place of Business <b>17 West Cedar Street</b> Suite, Apt. #, etc. <b>Suite 3</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Pensacola, FL</b>			
City & State <b>Pensacola, FL</b>		City & State  		4. FEI Number <b>59-3613454</b>	
Zip <b>32502</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARR, JOHN S 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHN S. CARR & ASSOCIATES, INC. 601 SOUTH PALAFOX STREET PENSACOLA, FL 32502		TITLE NAME STREET ADDRESS CITY - ST - ZIP	17 West Cedar Street, Suite 3 Pensacola, FL 32502	
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	
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 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.					
<b>SIGNATURE:</b> <i>John S Carr</i>			John S. Carr Manager		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/11/06</i> (850) 434-2244 <small>Daytime Phone #</small>		