2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001325

1. Entity Name

WARMACK AND COMPANY, L.L.C.



Principal Place of Business

30 MORRIS LANE

TEXARKANA, TX 75503-2115

Mailing Address

30 MORRIS LANE

TEXARKANA, TX 75503-2115

FILED Apr 11, 2007 08:00 A Secretary of State



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-2795888 Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required
Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOUCK, THOMAS C 312 S. HARBOR CITY BLVD. MELBOURNE, FL 32901

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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

9:	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARMACK, ED 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, GEORGE 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	V WARMACK, JOHN 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JAMES 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, DANIEL 30 MORRIS LANE TEXARKANA, TX 75503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000639159 04/19/07-80031-015 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not callify 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.

SIGNATURI

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

2/29/2

903-838-4000

Daytime