


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90079 050 \*\*\*\*50.00

<b>DOCUMENT # M00000002361</b>					
<b>1. Entity Name</b> HEAD COMPANIES, L.L.C.					
<b>Principal Place of Business</b> 18300 SCENIC HIGHWAY 98, SUITE B POINT CLEAR, AL 36564			<b>Mailing Address</b> 18300 SCENIC HIGHWAY 98, SUITE B POINT CLEAR, AL 36564		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 230			
Suite, Apt. #, etc.		Suite, Apt. #, etc. POINT CLEAR, ALABAMA			
City & State		City & State			
Zip	Country	Zip 36564	Country BALDWIN	<b>4. FEI Number</b> 63-1110057	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHELL, STEPHEN B 226 PALAFOX PLACE, NINTH FLOOR PENSACOLA, FL 32501			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEAD, DAVID H 18300 SCENIC HIGHWAY 98, SUITE B POINT CLEAR, AL 36564	<input type="checkbox"/> Delete			
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<b>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>					
<b>SIGNATURE:</b> _____			Date: 7/7/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 251-928-3930		