


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # M01000001353</b> 1. Entity Name <b>SOUTHPORT SALVAGE &amp; PAWN, LLC</b>	
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Principal Place of Business <b>7000 HIGHWAY 77 SOUTHPORT, FL 32409</b>	Mailing Address <b>7000 HIGHWAY 77 SOUTHPORT, FL 32409</b>
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04122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-2115538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWELL, LINDA R 7000 HIGHWAY 77 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWELL, GLENN 7000 HIGHWAY 77 SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, ALISA 7000 HIGHWAY 77 SOUTHPORT, FL 32409
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05/04/06-80105-012 150.00

**DO NOT WRITE  
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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:**

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

Date

Daytime Phone #