

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90199 015 \*\*\*\*50.00

DOCUMENT # M02000001312

1. Entity Name

BOLT DUNCAN THOMPSON BUILDERS, L.L.C.



Principal Place of Business

520 MINERAL TRACE, STE. D  
BIRMINGHAM AL 35244

Mailing Address

PO BOX 361765  
BIRMINGHAM AL 35236

2. Principal Place of Business

345 Sharon Ind Way

Suite, Apt. #, etc.

Suite D

City & State

Swanee Ga

Zip

30024

Country

USA

3. Mailing Address

345 Sharon Ind Way

Suite, Apt. #, etc.

Suite D

City & State

Swanee Ga

Zip

30024

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

94-3430080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEST, KATHRYN  
327 AZALEA DR.  
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 translating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME DUNCAN, TOMMY R  
STREET ADDRESS 5231 OVERLAND TRACE DR.  
CITY-ST-ZIP HOOVER AL 35244

TITLE MGRM ☒ Delete  
NAME THOMPSON, CURTIS  
STREET ADDRESS 4660 SULPHUR SPRINGS  
CITY-ST-ZIP BIRMINGHAM AL 35226

TITLE MGRM ☐ Delete  
NAME William M. Bolt  
STREET ADDRESS 6025 Sweetcreek Rd  
CITY-ST-ZIP Duluth, Ga. 30096

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #