

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002027

1. Entity Name
MIDNIGHT MANAGEMENT & INVESTMENTS, L.L.C.



Principal Place of Business
**222 SECOND AVENUE, SE
CULLMAN, AL 32505**

Mailing Address
~~222 SECOND AVENUE, SE~~
~~CULLMAN, AL 32505~~
P.O. Box 2400
Cullman, AL 35056



04242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0539087

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, MICHAEL
150 INDIAN BAYOU DRIVE
DESTIN, FL 32541**

**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**

**U00000548539
05/12/06-80066-022 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CANADAY, EDWARD A
STREET ADDRESS	605 8TH STREET, SE
CITY-ST-ZIP	CULLMAN, AL 35055
TITLE	MGRM
NAME	CANADAY, JOSEPH H JR.
STREET ADDRESS	900 6TH AVENUE, SE
CITY-ST-ZIP	CULLMAN, AL 35055
TITLE	MGRM
NAME	KNIGHT, MICHAEL
STREET ADDRESS	150 INDIAN BAYOU DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	CDG, L.L.C.
STREET ADDRESS	135 BIRMINGHAM STREET, SW
CITY-ST-ZIP	CULLMAN, AL 35055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Mark Annett **MARK ANNETT**

4-28-06

256-734-1377

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