

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 024 ****55.00

DOCUMENT # M04000002626

1. Entity Name
CAMPBELL AND CAMPBELL, L.L.C.



Principal Place of Business
361 TWIN RIVERS ST.
GENEVA, AL 36340

Mailing Address
361 TWIN RIVERS ST.
GENEVA, AL 36340

DO NOT WRITE IN THIS SPACE

03302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1247880

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN A
1191 MILL RD
ALFORD, FL 32420

**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

4-29-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAMPBELL, LAWRENCE A
361 TWIN RIVERS ST.
GENEVA, AL 36340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

LAWRENCE A. CAMPBELL 04-15-06 850-832-1319