

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006090

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** WOMACK BUILDERS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

P.O. BOX 406  
ASHFORD, AL 36312

**New Principal Place of Business:**

845 BEN IVEY RD.  
WEBB, AL 36376 US

**Current Mailing Address:**

P.O. BOX 406  
ASHFORD, AL 36312

**New Mailing Address:**

P.O. BOX 406  
ASHFORD, AL 36312 US

**FEI Number:** 63-1189916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOMACK, SHANNON  
6201 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOMACK, JONATHAN  
Address: P.O. BOX 178  
City-St-Zip: ASHFORD, AL 36312

Title: MGRM ( ) Delete  
Name: WOMACK, JIMMY  
Address: P.O. BOX 406  
City-St-Zip: ASHFORD, AL 36312

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOMACK, JONATHAN  
Address: P.O. BOX 178  
City-St-Zip: ASHFORD, AL 36312 US

Title: MGRM (X) Change ( ) Addition  
Name: WOMACK, JIMMY  
Address: P.O. BOX 406  
City-St-Zip: ASHFORD, AL 36312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN WOMACK

MGRM

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date