


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 07, 2006 8:00 am
Secretary of State

05-04-2006 90031 034 ****55.00

DOCUMENT # M05000006691 1. Entity Name APPLEFIELD FIVE SPE, LLC					
Principal Place of Business 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303			Mailing Address 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent APPLEFIELD, BRYAN M 8701 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408-4509				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR APPLEFIELD FIVE LIMITED PARTNERSHIP 2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Bryan Applefield</i>				Date: <i>3/31/06</i>	

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04172006 Chg-LLC CR2E083 (11/05)

4. FEE Number **20-3904581** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required