

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90023 021 \*\*\*\*50.00

20042206



04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number **83-0442396** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FEEHAN, DANIEL R	
STREET ADDRESS	1600 WEST 7TH STREET	
CITY-ST-ZIP	FORT WORTH, TX 76102	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GAINES, GEORGE	
STREET ADDRESS	P.O. BOX 150	
CITY-ST-ZIP	PHILO, CA 95466	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KINDLEY, JIM	
STREET ADDRESS	P.O. BOX 750333	
CITY-ST-ZIP	CALLAS, TX 75275	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PATTON, RICHARD C	
STREET ADDRESS	4400 HARDING PIKE, #503	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAWL, GAIL W	
STREET ADDRESS	P.O. BOX 1779	
CITY-ST-ZIP	FORT WORTH, TX 76101	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILLIAMSON, J. DON	
STREET ADDRESS	P.O. BOX 1779	
CITY-ST-ZIP	FORT WORTH, TX 76101	

## 10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP C WILLIAMSON	
STREET ADDRESS	P.O. Box 1779	
CITY-ST-ZIP	FT WORTH, TX 76101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Philip C Williamson

4-20-06

800-336-7212

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

Date

Daytime Phone #