

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
04-3585453 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000533008
05/06/06-8U1106-006 50.00

**DO NOT WRITE
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SMICK, TIMOTHY S
STREET ADDRESS	1440 HWY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	SIMMONS, DANIEL L
STREET ADDRESS	1440 HWY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	ALLS, ZACHARY A
STREET ADDRESS	1440 HWY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____