## 2006 LIMITED LIABILITY COMPANY

## 2006 08:00 AM

ANNUAL REPORT				Secretary of State	
1. Entity Ne	JMENT # L030000 THE PLDING COMPANY, LLC	11579			State
3145 COM	ace of Business MERCE PARKWAY RT, FL 34289 US	Mailing Address 3145 COMMERCE PARKWAY NORTH PORT, FL 34289	US	( (SERVEN EX DESER KIN ESN) ERN ERN FRIER (IRR) NEW I	ENNI MERITE MENTEUL MI 1998
			,	01102006 No Chg-LLC CR2E083	Silve See See Contract of Contract
[	O NOT WRIT	Ē IN THIS SPA	CE	4. FEI Number 13-4253295  5. Certificate of Status Desired	Applied For Not Applicab
	6. Name and Address of Curr	ent Registered Agent	-		
MCKINLEY, MICHAEL R ESQ 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948				DO NOT WRITE IN THIS SPACE	
SIGNATURE	Signature, typed or printed name of registared a Filling Fee is \$50.00 tue by May 1, 2006	gent and little if applicable. (NOTE: Register	ed Agent signature required	when reinstating) DATE	
9.	MANAGING MEI	MBERS/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NORTH PORT, FL 34289  VPST  FOX, STACEY L			000000471818 03/29/06 80004-001	50.08
DILE NAME STREET ADDRESS	NORTH PORT, FL 34289			DO NOT WRITE	
CITY-ST-ZIP TITLE HAME STREET AODRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET AODRESS CITY-ST-ZIF				.12	<del>.</del> .
TITLE NAME STREET AUDRESS					

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

URE: STATES L. FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE