

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-23-2006 90258 012 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000022171			
1. Entity Name VARSITY STREET, LLC			
Principal Place of Business 436 VALLEY VIEW DR WINTER GARDEN, FL 34787		Mailing Address PO BOX 783309 WINTER GARDEN, FL 34778	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03072006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 58-2674688		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASMA, WILLIAM N P.A. 888 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)			
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 SUGGS, RALPH D 436 VALLEY VIEW DR. WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member SUGGS, RALPH D. 436 Valley View Dr. Winter Garden, FL 34787 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, LISA 436 VALLEY VIEW DR WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member Bennett Lisa 436 Valley View Dr. Winter Garden, FL 34787 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ SUGGS, C. JODIE 436 VALLEY VIEW DR WINTER GARDEN, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Lisa Bennett</i>		3.8.06 321.948.9096	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	