


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90258 011 ****50.00

DOCUMENT # L03000025738
1. Entity Name
410 NORTH DILLARD ST., LLC



Principal Place of Business Mailing Address
436 VALLEY VIEW DR. PO BOX 783309
WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34778

20019440



DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1186687	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM N. ASMA, P.A.
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

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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 Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUGGS, RALPH D 436 VALLEY VIEW DR. WINTER GARDENS, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, LISA 436 VALLEY VIEW DR. WINTER GARDENS, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WNER SUFFS, JODIE C 436 VALLEY VIEW DR. WINTER GARDEN, FL 34787
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Lisa Bennett* 3.8.06 321.948.9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #