

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/1/2006-90063-014-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:13



DOCUMENT # L05000009158 1. Entity Name EGO, LLC	
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Principal Place of Business 11501 N.W. 225-A REDDICK FL 32686-9794	Mailing Address 11501 N.W. 225-A REDDICK FL 32686-9794
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2. Principal Place of Business 13400 NW Hwy 225 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 670 Suite, Apt. #, etc.
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City & State Reddick, FL	City & State Fairfield, FL	4. FEI Number 02-0786483	Applied For <input type="checkbox"/> Not Applicable
Zip 32686	Country USA	Zip 32634	Country USA

1st MOORE CR2E083 (10/05)

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

6. Name and Address of Current Registered Agent

MURTY, STEPHEN G ESQ.
111 S.W. 8TH STREET
OCALA FL 34474

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 Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LERMAN, ROY S 11501 N.W. 225-A REDDICK FL 32686-9794
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roy S. Lerman 7/24/06 352/591-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Title Daytime Phone #