

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043403

FILED  
Aug 10, 2006  
Secretary of State

Entity Name: ANDY LANG ENTERPRISES LLC

**Current Principal Place of Business:**

2615 ABBEY GROVE DR.  
VALRICO, FL 33594

**New Principal Place of Business:**

16101 COLCHESTER PALMS DR  
TAMPA, FL 33647

**Current Mailing Address:**

2615 ABBEY GROVE DR.  
VALRICO, FL 33594

**New Mailing Address:**

16101 COLCHESTER PALMS DR  
TAMPA, FL 33647

FEI Number: 20-3032841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LANG, ANDY  
2615 ABBEY GROVE DR.  
VALRICO, FL 33594      US

**Name and Address of New Registered Agent:**

LANG, ANDY  
16101 COLCHESTER PALMS DR  
TAMPA, FL 33647      US

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.

SIGNATURE: \_\_\_\_\_

08/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANG, ANDY  
Address: 2615 ABBEY GROVE DR.  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANG, ANDY  
Address: 16101 COLCHESTER PALMS DR  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDY LANG

MGRM

08/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date