

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # P96000058477</b><br>1. Entity Name<br><b>SUNSET CLUB APARTMENTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
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| Principal Place of Business<br><b>C/O EDWARD A LASHINS JR.<br/>80 BUSINESS PARK DR., SUITE 102<br/>ARMONK NY 10504<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                 | Mailing Address<br><b>C/O EDWARD A LASHINS, JR.<br/>80 BUSINESS PARK DR., SUITE 102<br/>ARMONK NY 10504<br/>US</b> |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                          |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                 | City & State                                                                                                       |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | Country                         |                                                                                                                    | 4. FEI Number <b>13-3900573</b>                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                 |                                                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                             |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LASHINS, EDWARD A.<br/>C/O MGR.'S OFFICE SUNSET CLUB APARTMENTS<br/>6259 SUNSET DR<br/>SOUTH MIAMI FL 33143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                 |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 agree to, the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>P LASHINS, EDWARD A.</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>U00000431511</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>3 STONE HOLLOW WAY</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>02/23/06-80031-021 150.00</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ARMONK NY 10504</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add | STREET ADDRESS | <b>P LASHINS, EDWARD A.</b> |  | STREET ADDRESS | <b>U00000431511</b> |  | CITY-ST-ZIP | <b>3 STONE HOLLOW WAY</b> |  | CITY-ST-ZIP | <b>02/23/06-80031-021 150.00</b> |  | CITY-ST-ZIP | <b>ARMONK NY 10504</b> |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                        | <input type="checkbox"/> Delete | TITLE                                                                                                              | NAME                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Add |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>P LASHINS, EDWARD A.</b> |                                 | STREET ADDRESS                                                                                                     | <b>U00000431511</b>                                                                                               |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3 STONE HOLLOW WAY</b>   |                                 | CITY-ST-ZIP                                                                                                        | <b>02/23/06-80031-021 150.00</b>                                                                                  |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ARMONK NY 10504</b>      |                                 | CITY-ST-ZIP                                                                                                        |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <input type="checkbox"/> Delete | TITLE                                                                                                              |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                 | NAME                                                                                                               |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 | STREET ADDRESS                                                                                                     |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                 | CITY-ST-ZIP                                                                                                        |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <input type="checkbox"/> Delete | TITLE                                                                                                              |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                 | NAME                                                                                                               |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 | STREET ADDRESS                                                                                                     |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                 | CITY-ST-ZIP                                                                                                        |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <input type="checkbox"/> Delete | TITLE                                                                                                              |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                 | NAME                                                                                                               |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 | STREET ADDRESS                                                                                                     |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                 | CITY-ST-ZIP                                                                                                        |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | <input type="checkbox"/> Delete | TITLE                                                                                                              |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                 | NAME                                                                                                               |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 | STREET ADDRESS                                                                                                     |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                 | CITY-ST-ZIP                                                                                                        |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE: <u>Edward A. Lashins</u> EDWARD A. LASHINS 2/9/06 714-273-5200</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                 |                                                                                                                    |                                                                                                                   |                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                              |                |                             |  |                |                     |  |             |                           |  |             |                                  |  |             |                        |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                              |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |