

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


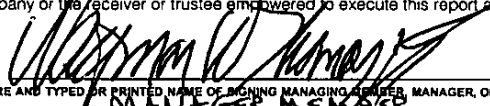
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Feb 09, 2006 8:00 am
Secretary of State

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02012006 Chg-LLC CR2E083 (11/05)

| | | | | | |
|--|--------------------------|---------------------------------|--|--|---|
| DOCUMENT # L05000047743 | | | |  | |
| 1. Entity Name TORCH PARK, LLC | | | | | |
| Principal Place of Business 9426 BARRINGTON OAKS DR. DOVER, FL 33527 | | | Mailing Address 9426 BARRINGTON OAKS DR. DOVER, FL 33527 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 06-1746307 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| THOMAS, WAYMON W JR. 9426 BARRINGTON OAKS DR. DOVER, FL 33527 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, WAYMON W JR. | | | NAME | |
| STREET ADDRESS | 9426 BARRINGTON OAKS DR. | | | STREET ADDRESS | |
| CITY-ST-ZIP | DOVER, FL 33527 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | Trusty, Roderick L. |
| STREET ADDRESS | | | | STREET ADDRESS | 7921 Indianhouse Lane |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | Groveland, FL 34736 |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | Biggs, Keith A. |
| STREET ADDRESS | | | | STREET ADDRESS | 11169 Hyne Road |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | Brighton, MI 48114 |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Addition |
| 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"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | 2/4/06 (813)685-2983 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |
| WAYMON W. THOMAS, JR. | | | | | |