## 2006 LIMITED LIABILITY COMPANY

## **FILED** Feb 14, 2006 08:00 AM

_,	ANNUÁL REPORT			Secretary of State	
t. Entity Nam		T # L9900007505		Secretary of State	
Principal Plac 7500 OLD G BETHESDA, I	EORGETOWN RO, 15TH FL	Mailing Address 7500 OLD GEORGET BETHESDA, MD 201			
E	OO NOT WR	ITE IN THIS	SPACE	01312006 No Chg-LLC	
1201 HAY	6. Name and Address of the ATION SERVICE COMP S STREET SSEE, FL 32301-2525			DO NOT WRITE IN THIS SPACE	
the obligation	Signature, typed or printed name of regist liting Fee it \$50.00 ue by May 1, 2006		IOTE Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, and an accordance of the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida.	
9. THE NAME STREET ADDRESS CITY-SI-209	MGR CEI REALTY, INC.	MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		000000433875 02/24/06-80035-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		<u>.</u>		DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	[ [		. 3		

11. I hereby certify that the information supplied with this fiting 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 path; that I am a managing member or manager of the limited liability dompany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP