


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # E00000006912 1. Entity Name NARCOOSSEE BUSINESS PARK, LLC	
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Principal Place of Business 1605 KING ARTHUR CIRCLE MAITLAND FL 32751	Mailing Address P.O. BOX 940877 MAITLAND FL 32794-0877
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3652981
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	6. Name and Address of Current Registered Agent

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVE., STE 340 MAITLAND FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000517715 <input type="checkbox"/> Change <input type="checkbox"/> Add 05/01/06-80056-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: HOWARD SCHIEFERDECKER 9/14/06 (407) 702-37