2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 06, 2006 08:00 AM Secretary of State

		112- 4171		our ou	, 2000 00.00
1. Entity Nan	MENT # L 00000009	582		Sec	eretary of Sta
Principal Place 6903 ALPEI ORLANDO, F		Mailing Address PO BOX 608773 ORLANDO, FL 32860			11 N 18 N
DO NOT WRITE IN THIS SPA			CE	07032006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MALDONADO, CARLOS A 6903 ALPERT DRIVE ORLANDO, FL 32810			DO NOT WRITE IN THIS SPACE		
the obligat	e named entity submits this statement for tions of registered agent. Signature white or printed name of registered agent a	LA.	red office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
	by September 6, 2006				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE P MALDONADO, CARLOS A 6903 ALPERT DRIVE ORLANDO, FL 32810	RS/MANAGERS		U00000568 07/06/06-800	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u></u>		DO NOT WRI	

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: 🌿

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

07/03/06. 321-231.409

Daylime Phone #