
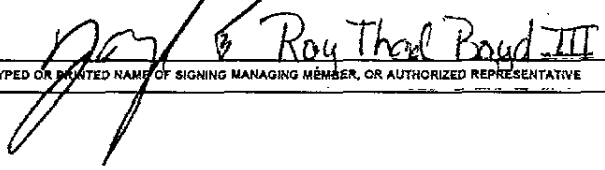


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L00000010217</b> 1. Entity Name <b>CHRISCO, LLC</b>																																										
Principal Place of Business <b>1700 SE 17TH STREET #300 OCALA, FL 34471</b>	Mailing Address <b>1700 SE 17TH STREET #300 OCALA, FL 34471</b>																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  <b>BOYD III, ROY T 1700 S.E. 17TH STREET #300 OCALA, FL 34471</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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>																																										
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>																																										
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>BOYD III, ROY T</td></tr><tr><td>STREET ADDRESS</td><td>1700 SE 17TH ST., #300</td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	BOYD III, ROY T	STREET ADDRESS	1700 SE 17TH ST., #300	CITY-ST-ZIP	OCALA, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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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.																																										
<b>SIGNATURE:</b>  <b>Roy Thal Boyd III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4-20-06 352-861-2248</b> <small>Date Daytime Phone #</small>																																								



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CR2E083 (11/05)

4. FEI Number <b>59-3709729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

U000000531757  
05/06/06-80054-023 50.00