
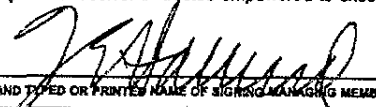


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000010404 1. Entity Name HOWARD MANAGEMENT, LLC		
Principal Place of Business 7110 S. TAMiami TRAIL SARASOTA, FL 34231		Mailing Address 7110 S. TAMiami TRAIL SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOWARD, JAMES E 7110 SOUTH TAMiami TRAIL SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, JAMES E 7110 S. TAMiami TRAIL SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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:  JAMES E. Howard, Pres 4/19/06 941-921-4402 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0967050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000531903
05/06/06-80059-020 50.00

**DO NOT WRITE
IN THIS SPACE**