

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000014439**

1. Entity Name  
5557244, L.L.C.



Principal Place of Business  
7162 BENEVA RD.  
SARASOTA, FL 34238

Mailing Address  
7162 BENEVA RD.  
SARASOTA, FL 34238



07102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1058184

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FOOTE, MARCIA L  
7162 BENEVA RD.  
SARASOTA, FL 34238

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
FOOTE, MARCIA L  
7162 BENEVA RD.  
SARASOTA, FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
TIBERII, DOROTHY A  
7162 BENEVA RD.  
SARASOTA, FL 34238

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

U00000571256  
07/19/06-80010-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

7/19/06

Date

941-685-1179

Daytime Phone #