2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

	ALTE IZEL OIZE	
DOCUMENT # L0000 1. Entity Name GREGORY AND CAROLE, LL		
Principal Place of Business	Mailing Address	

DO NOT WRITE IN THIS SPACE

1531 S. TAMIAMI TRAIL #703

VENICE, FL 34285

03142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 65-1069891 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

92-5222

Daytime Phone #

Name and Address of Current Registered Agent
 ROD

KHLEIF, ROD 1531 S. TAMIAMI TRAIL #703 VENICE, FL 34285

STREET ADDRESS
CITY-ST-ZIP

DITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1531 S. TAMIAMI TRAIL #703

VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	ng its registèred office or registered agent, or both, i	n the State of Florida, 1 am familiar with, and accept	
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable.		(NOTE, Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAĞING MEMBERS/MANAGERS	A.S.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHLEIF, ROD 1531 S TAMIAMI TRAIL, SUITE 703 VENICE, FL 34285	-	U00000531640 05/06/06-80052-010 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
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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.

SIGNATURE: Manager	4-20-06	941-4
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	