2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
1. Entity Nam.	MENT # L0000015	954		Secretary of State	
Principal Place of Business Mailing Address 725 N MAGNOLIA AVE 790 SUMMA AVE. ORLANDO, FL 32803 WESTBURY, NY 11590					
DO NOT WRITE IN THIS SPACE				03162008No Chg-LLC	
8. Name and Address of Current Registered Agent STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803				DO NOT WRITE IN THIS SPACE	
The above named entity adoptive this statement for the purpose of changing its registered office or registered by the obligations of registered entities of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered office or registered entitles of the purpose of changing its registered entitles of the purpose of th				31	
9. THE MAME SIREFI ADDRESS CHY-ST-DIP RITLE NAME STREET ADDRESS CHY-ST-ZIP THE NAME SIREFI ADDRESS CHY-ST-ZIP THE NAME SIREFI ADDRESS CHY-ST-ZIP	MANAGING MEMBE MGRM JAFFER, SADIGUE 790 SUMMA AVE. WESTBURY, NY 11590 MGRM JAFFER, MOHAMEOTAKI 1738 BRIDLEWATER DR LAKE MARY, FL 32746	HS/MANAGERS		DO NOT WRITE IN THIS SPACE	
STREET ADDRESS					

11. I hereby certify that the information supplied with this filling does not quality 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

URE: MM312
SIGNATURE AND TYPED OR PRINTED HAMS OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: