2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # L010000046	30				
Principal Place of Business Mailing Address 106 BROOKS STREET, #1 106 BROOKS STREET, #1 FORT WALTON BEACH, FL 32549 FORT WALTON BEACH, FL 32549						
DO NOT WOLTE IN THE COACE				04252006No Chg-LLC CR2E083 (11/05)		
DO NOT WRITE IN THIS SPA			UE	4. FEI Number 58-2547369	Applied For Not Applicab	
		· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	S5.00 Additional Fee Required	
}	6. Name and Address of Current Re	gistered Agent				
WADE, WALLACE W 10221 W. EMERALD COAST PKWY STE. 26 DESTIN, FL 32541			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for it tons of registered agent. Signature, typed or printed name of registered agent and		ad office or register		rida. I am lamiliar wilh, and accep	
Filing Fee is \$50.00 Due by May 1, 2006						
9.	MANAGING MEMBERS	/MANAGERS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR COPELAN, GEORGE D 194 LYNDA LANE PINE MOUNTAIN, GA 31822			U0000 05/13/06	00550472 5-80060-024 50.00	
itle Hame Street Address City-St-Zip						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				DO NOT W		
NAME SIREET ADDRESS			ŀ			

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHNES P. BOWY CPA Agent
SIGNATURE AND THEO OR PRINTED HAVE OF STANING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

ISTLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TIFLE

NAME

SIREET ADDRESS

CITY-ST-ZIP

4/24/04

706-323-3643

Daytime Phone #