2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 08, 2006 8:00 am Secretary of State

1. Entity Name				05-08-2006 90037 021 ****50.00						
OŬTMAT	CH, L.L.C.				05-	00-2000 2002	77 021	30.00		
·			17,550	1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Principal Plac	ce of Business	Mailing Address								
	ERIA STREET OD FL 34224	2750 WISTERIA STREET ENGLEWOOD FL 34224 US								
	Place of Business Wisteria Street	3. Mailing Address	pia St	east.			88 88 :8 8	i ib iii i bb ii bb i[5]ii	IBBI III (BB)	
Suite, Apt		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)					
City & Sta		City & State Englewood	FLORIC	$d\alpha$	4. FEI Number	65-115583	3 -	<u> </u>	plied For ot Applicable	
Zip 34224	Country	zip 34224	Country	-	5. Certificate of	f Status Desired		\$5.00 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	ddress of New F	Registered	Agent		
Name										
ISHKOV, YELENA 2750 WISTERIA STREET ENGLEWOOD FL 34224					Address (P.O. Box Number is Not Acceptable)					
						····				
		City		FL Zip Code						
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office o	r register	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE										
Signature, typed or nomiced name of registèren agent and utile it applicable. (NOTE Registered Agent signature required when reinstating) DATE										
		50.00								
		Make Check Payable Due	By May 1, 200		ill Of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.		C. C. As.	ADDITIONS	/CHANGE	3		
TITLE	MGRM	☐ Delete	TITLE	ME	HKOV, Y	elena.		Change	Addition	
NAME STREET ADDRESS	ISHKOV, YELENA 2750 WISTERIA STREET		NAME STREET ADDRESS	175	in Wiste	Ria St	Reet			
CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-ST-ZIP	Eng	glewood	FL 3420	24			
TITLE	MGRM	☐ Delete	TITLE	MA	RM			Change	☐ Addition	
NAME	ISHKOV, SERGEY		NAME	Ist	HKOV, 5	ergey		_ •	_	
STREET ADDRESS CITY - ST - ZIP	2750 WISTERIA STREET		STREET ADDRESS CITY-ST-ZIP	2750	o wister	RIA StRE	et			
TITLE	ENGLEWOOD FL 34224	☐ Delete	TITLE	Eng	1ewood	FL 3420	2 4	Change	Addition	
NAME		- Delete	NAME					L Change	□ Nonition	
STREET ADDRESS	_		STREET ADDRESS							
CITY - ST- ZIP			CITY-ST-ZIP					····		
TITLE	1	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				_	☐ Change	Addition	
NAME CIRCET ADODICE			NAME							
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		Delete	TITLE					☐ Change	Addition	
NAME		maide	NAME					L. Onange		
STREET ADDRESS			STREET ADDRESS							
CITY ST. 7IP			CITY - CT - 71P							

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-2006 941-475-2805

Daytime Phone #