


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000020074**

1. Entity Name  
**STAAB AND STAAB REAL ESTATE LLC**



Principal Place of Business  
**13461 TANJA KING BLVD  
ORLANDO, FL 32828**

Mailing Address  
**13461 TANJA KING BLVD  
ORLANDO, FL 32828**

**DO NOT WRITE IN THIS SPACE**



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**02-0558064**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STAAB, JOHN  
14024 CHICORA CROSSING BLVD  
ORLANDO, FL 32828**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required upon reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STAAB, JOHN 14024 CHICORA CROSSING BLVD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STAAB, DEBORAH 14024 CHICORA CROSSING BLVD ORLANDO, FL 32828
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01/31/06-80017-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  \_\_\_\_\_ DATE: **1/18/2006** TELEPHONE: **407-737-1500**

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