

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUL 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-1154352** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable) **1200 SOUTH PINE ISLAND ROAD**
City **PLANTATION** FL Zip Code **33324**

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 *James M. Newsome* **JAMES M. NEWSOME** 7/24/06
Special Assistant Secretary DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LIBBY, HAROLD L**
STREET ADDRESS **950 S. TAMiami TRAIL, STE. 204**
CITY-ST-ZIP **SARASOTA, FL 34236**

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800078285468
08/02/06--01064--021 **50.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *25 July 06* **07-21-06** **724-935-3433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #