

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 041 ****50.00

60001160



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0566685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUSTIN, STEVE
409 PELICAN KEY
MELBOURNE BEACH, FL 32951

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AUSTIN, STEVE
1010 PINE TREE DR., #201
INDIAN HBR BCH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUCHMAN, LAURIE
2701 PALM DR. NE
PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUCHMAN, WILLIAM
2791 PALM DR NE
PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/5/05 321-728-9350