2006 LIMITED LIABILITY COMPANY

FILED 11

ANNUAL REPORT				Apr 20, 2006 08:00 .	
1. Entity Nam		51			tary of State
504 MAIN	I STREET, LLC				
Principal Plac	e of Business	Mailing Address			
777 MAIN ST DAYTONA BE	REET ACH, FL 32118	777 MAIN STREET Daytona Beach, FL 32118			MANIS MANUS IIKWA MASA TAY SAWAS
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DO NOT WRITE IN THIS SPACE					R2E083 (11/05)
_	,			4. FEI Number 90-0000792	Applied For Not Applicab
		s maga salit kilo a 3 s a a sin		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	-		
THOMAS,				DO NOT WRI	TE
	UNES CIRCLE ANGE, FL 32127				
				IN THIS SPA	CE
ļ				The second secon	· · ·
	named entity submits this statement for tions of registered agent.	the purpose of changing its registe	red office of registe	ered agent, or both, in the State of Florida.	I am tamiliat with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent ar		ed Agent signature require	August - Aug	- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
ļ	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE, Register	red Agent signature require	ed when reinstating)	DATE F 50 T 252
F	lling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBER	S/MANAGERS	i i i i i i i i i i i i i i i i i i i		
TITLE	D BECEL EDOUNTHOMAC				
NAME STREET ADDRESS	RECEL, ERGUN THOMAS 37 SUN DUNES CIRCLE		•		
CITY-ST-ZIP	PORT ORANGE, FL 32127		4	Un00aas2	0592
TITLE NAME				05/02/06-80	0592 1 0 98-017 50.00
STREET ADDRESS					
CITY-ST-ZIP			-{	•	
NAME					
STREET ADDRESS CITY-ST-ZIP			1	DO NOT WR	ITE
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NAME			ı	IN THIS SPA	CE
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TITLE					
NAME			1		
STREET ADDRESS CITY-ST-ZIP					.
TITLE	<u> </u>	_ 	1		
NAME			ı		

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 PHINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

> 35/5252 Daytime Phone #