
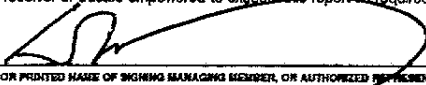


FILED
Apr 27, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000002661																																		
1. Entity Name A-110 ENTERPRISES, LLC																																		
Principal Place of Business 1801 S.E. HILLMOOR DRIVE PORT ST. LUCIE, FL 34952	Mailing Address 1801 S.E. HILLMOOR DRIVE PORT ST. LUCIE, FL 34952																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent TURNER, JOHN A 515 N. FLAGLER DRIVE, SUITE 600 C/O ARNSTEIN & LEHR WEST PALM BEACH, FL 33401		4. FEI Number 04-3617207 <div style="border: 1px solid black; padding: 2px; float: right;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																		
Filing Fee is \$50.00 Due by May 1, 2006																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">HOFFMAN, DONALD JR MD</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">1801 SE HILLMOOR DR STE A110</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">PORT SAINT LUCIE, FL 34952</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	MGRM	NAME	HOFFMAN, DONALD JR MD	STREET ADDRESS	1801 SE HILLMOOR DR STE A110	CITY- ST- ZIP	PORT SAINT LUCIE, FL 34952	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 <div style="text-align: right; font-family: monospace;">U00000538703 05/09/06-80072-001 50.00</div>
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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: 		4-24-06 772 335 3500																																
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																																