## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # L0200000	)8648 			Secre	iary oi	State
5415 9TH S	te of Business TREET EAST I, FL 34203	Mailing Address 5415 9TH STREET EAST BRADENTON, FL 34203		( <b>: 44</b> 77 <b>4</b> 7 <b>4</b> 7 <b>44</b> 77	#    ### ####    <b>##</b> ### <b>   ##</b> ###    <b>##</b> ####    <b>##</b> #####    <b>##</b> ##########	LENIK BENES HENSE ENNS EN	<b>15</b> 1 ( <b>5</b> 1 <b>58</b> 1 (6) ( <b>55</b> 5)
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>					
DO NOT WRITE IN THIS SPA			<b>~</b> =	02272006 No Chg-LLC CR2E083 (11/05)			
			CE	4. FEI Number 82-05853	50		Applied For
				5. Certificate of S		□ \$5.00 Fee Red	Additional
	6. Name and Address of Curre	nt Registered Agent	1.2	· · · · · · · · · · · · · · · · · · ·	<del></del>	· ·	·
BRADENT  5. The above	IATEE AVENUE WEST FON, FL 34205 rnamed entity submits this statementions of registered agent.	t for the purpose of changing its register	red office or register	IN TH	IOT WE	ACE	with, and acce
SIGNATURE_	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Register	ed Agent signatura required	when reinstating)		DATE	
Fi D	lling <b>Fee</b> is \$50.00 ue by May 1, 2006		ίχ	964400000 38-9078578	36551 3014-025-5	Đ.(II)	
9.	MANAGING MEN	BERS/MANAGERS_	T		,		
title name street address city-st-zip	WALTON, ROBERT B 5416 9 STREET E BRADENTON, FL 34203					en steer	 Wishe-
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IOT WE		
TITLE			<b>f</b>	IN TH	HS SP/	ACE	

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: SOMERADO OLL LO ROBERT WOLLD SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MAYAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS
CATY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL

3-8-06

Daytima Phone #