## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # L02000019	5397			01 2 440	
Principal Place 5049 BASIN MILTON, FL	avenue	Mailing Address 5049 BASIN AVENUE MILTON, FL 32583		4 (MENTEM) EN CENTE MENT CENT EN CONTRACTOR		
D	O NOT WRITE	E IN THIS SPA	<b>I</b> CE	04052006 No Chg-LLC CR  4. FE! Number 54-2080676  5. Certificate of Status Desired	2E083 (11/05)  Applied For Not Applicate \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  EDSEL F. MATTHEWS, JR., PA  308 SOUTH JEFFERSON STREET  PENSACOLA, FL 32501			. •	DO NOT WRITE IN THIS SPACE		
SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered age  Iting Fee is \$50.00  ue by May 1, 2008	nt and title if epolicable. (NOTE Regis	ligred Agent signature require	nd when reinstalling) DA	عر ع	
9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP SITLE MAMIC STREET ADDRESS GITY-ST-ZIP	MANAGING MEMI MGR YOUNG, KAREN W 5049 BASIN AVENUE MILTON, FL 32583	BERS/MANAGERS		U000005500 05/13/06-800	085 45-013 50.00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ME REET ADDRESS TY-ST-ZIP TLE LIMIC REET ADDRESS TY-ST-ZIP TLE			DO NOT WRITE IN THIS SPACE		
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS						

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 repeiver controlled to execute this report as required by Chapter 608, Florida Statutes.

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1606