2006 LIMITED LIABILITY COMPANY

FILED Jan 13, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # L020000161 TOR'S BUILDING, L.L.C.	16				
11025 SPRIN	Principal Place of Business Mailing Address 11025 SPRING HILL DRIVE 11025 SPRING HILL DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608					
DO NOT WRITE IN THIS SPA			CE	01102006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied Not Applied Not Applied 55-1161776 Status Desired S5.00 Additions Fee Required	For	
6. Name and Address of Current Registered Agent						
WEINBERG, FREDRICK L 11025 SPRING HILL DRIVE SPRING HILL, FL 34608				DO NOT WRITE IN THIS SPACE		
8. The above the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		red office or register	ered agent, or both, in the State of Plorida. I am familiar with, and a state of Plorida. I am familiar with, and a state of Plorida. I am familiar with, and a state of Plorida. I am familiar with, and a state of Plorida.	accept	
Fi	ling Fee is \$50.00 ue by May 1, 2006		,			
9.	MANAGING MEMBE	RS/MANAGERS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINBERG, FREDRICK L 11025 SPRING HILL DRIVE SPRING HILL, FL 34608			U00000385713 01/18/06-80027-011 50.00		
177LE NAME STREET ADDRESS CITY-ST-ZIP				01/19/06-80027-011 50.0	9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
INTLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
DILE NAME STREET ADDRESS CITY-ST-ZIP			-			
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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:

NAME STREET ADDRESS CITY-ST-ZIP

> $\mathcal{C}_{b_{7}}$ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

35 683 1838 Daytime Phone #