FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 018 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021405

1. Entity Name
LL&E, LLC

Principal Place of Business	Mailing Address
2305 OLEANDER AVE. FT. PIERCE, FL 34982	2305 OLEANDER AVE. FT. PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

02132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0807688

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLARK LEITENBAUER, SHANNON L
STREET ADDRESS	2305 OLEANDER AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	MGRM
NAME	LAIT, C.R.
STREET ADDRESS	2305 OLEANDER AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	MGRM
NAME	EARL, DEAN
STREET ADDRESS	2305 OLEANDER AVE.
CITY-ST-ZIP	FORT PIERCE, FL 34982
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

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: _____ 2-230v 772.465-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #