

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90202 001 \*\*\*\*\*5.00  
02-10-2006 90202 002 \*\*\*\*\*50.00

**30000444**



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

47-0889535

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PAULITE, MEG  
5950 LAKEHURST DRIVE  
SUITE 213  
ORLANDO, FL 32819

**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

*[Signature]*

*Meg Paulite*

1-17-06

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	M
NAME	LABIANG, JASMIN C
STREET ADDRESS	15959 NE 1ST STREET
CITY - ST - ZIP	BELLEVUE, WA 98008
TITLE	M
NAME	LABIANG, AUGUSTO C
STREET ADDRESS	15959 NE 1ST STREET
CITY - ST - ZIP	BELLEVUE, WA 98008
TITLE	M
NAME	MAGLUYAN, FRITZ P
STREET ADDRESS	15959 NE 1ST STREET
CITY - ST - ZIP	BELLEVUE, WA 98008
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:**

*[Signature]*

*Meg Paulite*

*(425) 373-9741*

1-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #