2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

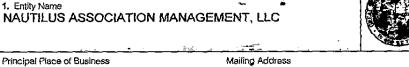
FILED Jan 20, 2006 08:00 AM Secretary of State

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1. Entity Name

4623 NW 53RD AVENUE

GAINESVILLE, FL 32606



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4623 NW 53RD AVENUE

GAINESVILLE, FL 32606

01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0803174

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KARAHALIOS, MICHELE-RENEE 4623 NW 53RD AVENUE GAINESVILLE, FL 32606

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	named entity submits		purpose of changir	g its registered	office or regist		State of Florida. 1 am familia	r with, and accept
SIGNATURE_	-				-· -	* * * * * * * * * * * * * * * * * * * *		4 2 3
SIGNATORE.	Signature, typed or printed name of registered agent and title if applicable,						CATE	-4
Fi D	iling Fee is \$50.0 ue by May 1, 200	6		≓Ta lo∯	<u>क्</u> र <u>१</u> .५			
9.	MAN	IAGING MEMBERS	MANAGERS					
TITLE	MGRM							
NAME	KARAHALIOS, ET	STATHIOS						
CTDOCT ADDRESS	ACCO NEW ED AVE							

4623 NW 53 AVE. CITY-ST-ZIP GAINESVILLE, FL 32606 MGRM TITLE KARAHALIOS, MICHELE-RENEE NAME STREET ADDRESS **4623 NW 53 AVENUE** GAINESVILLE, FL 32606 CITY-ST-ZP MIE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

1000001345885 01/24/06-80092-002 50.00

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11. (hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.) 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:

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

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