- ... 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # L020000304	179		Secretary of State
Principal Place 325 WEST M BARTOW, FL		Mailing Address 325 WEST MAIN STREET BARTOW, FL 33831-04		
D	O NOT WRITE		PACE	02052006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For NOT APPLICABLE Not Applicable 5. Certiticate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered An SUTTON, DEBRA J ESQ. 325 WEST MAIN STREET BARTOW, FL 33831-0427		egistered Agent		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, speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR SUTTON, DEBRA J 325 WEST MAIN STREET BARTOW, FL 338310427	S/MANAGERS	<u>.</u>	U00000428820 02/21/05-80054-004 50.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-DP				
TITLE HAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this Hims 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 another my indicated 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 of trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 2/2/06 863-533-8 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DOS DOS DOS PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE				