


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000030697 1. Entity Name ANTHONY AND SANDRA MORENO - TENANTS BY THE ENTIRETY, L.L.C. |  |
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|--|--|
| Principal Place of Business 4929 LYFORD CAY RD TAMPA, FL 33629 | Mailing Address 4929 LYFORD CAY RD TAMPA, FL 33629 |
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-LLC

CR2E083 (11/05)

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|---|-------------------------------|
| 4. FEI Number 48-1285625 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WOLLINKA, DAVID J ESQ 2312 US HIGHWAY 19 HOLIDAY, FL 34691 |
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**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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

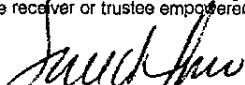
**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MORENO, ANTHONY 2250 DREW STREET CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MORENO, SANDRA 4929 LYFORD CAY RD TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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000000533114
05/06/06-80111-003 50.00

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.

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|--|----------------------|--|
| SIGNATURE:  SANDRA MORENO | Date: 4/17/06 | Daytime Phone #: (717) 432-7151 |
|--|----------------------|--|

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