2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000000689

1. Entity Name

S&SSITE PREP, LC



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

Principal Place of Business

Mailing Address

167 GRAND AVE

MASARYKTOWN, FL 34609 US

167 GRAND AVE

MASARYKTOWN, FL 34609

US



03072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3737783 Applied For Not Applicable

5. Certificate of Status Desired

55.00 Additional Fee Regulard

5. Name and Address of Current Registered Agent

SANDLIN, PATRICIA ANN T 167 GRAND AVE MASARYKTOWN, FL 34609

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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	n femiliar with, a	and accept
	the obligations of registered agent.		

SIGNATURE

Signature, typed or primed name of registered egets and first applicable.

(NOTE: Registered Agent signature required when reinstasting)

DATE

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

MANAGING MEMBERS/MANAGERS 9. TILE SANDLIN, PATRICIA NAME 167 CRAND AVE STREET ADDRESS CITY-ST-ZIP MASARYKTOWN, FL 34609 TITLE MANAS STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the military financial supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE TOTAL

CITY-ST-ZIP

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

3/7/06

Daytime Phone #