


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000001252</b> 1. Entity Name <b>MUSHMENA MANAGEMENT, LLC</b>	
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Principal Place of Business <b>305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771</b>	Mailing Address <b>305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771</b>
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**DO NOT WRITE IN THIS SPACE**



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0983331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIDA, MUBEEN H  
305 N. MANGOUSTINE AVENUE, SUITE 200  
SANFORD, FL 32771**

**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, typed or printed name of registered agent and title if applicable (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	MGRM CHIDA, MUBEEN H 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHIDA, SHAHNAZ 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771
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IN THIS SPACE**

UD00000564032  
05/20/06-80041-008 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.

**SIGNATURE:**  **SHAHNAZ CHIDA M.D.** **4-27-06** **407 321-1415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #