


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90041 044 ****50.00

| | |
|--|---|
| DOCUMENT # L03000004497 1. Entity Name CHOJNACKI & CHOJNACKI, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 4628 AVENUE LONGCHAMPS LUTZ, FL 33558 | Mailing Address 4628 AVENUE LONGCHAMPS LUTZ, FL 33558 |
|---|---|

DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 06-1677868 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHOJNACKI, STEVE
4628 AVE. LONGCHAMPS
LUTZ, FL 33558

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHOJNACKI, STEVEN E 4628 AVENUE LONGCHAMPS LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHOJNACKI, KELLI J 4628 AVENUE LONGCHAMPS LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Steve Chojnacki Steve Chojnacki 3-27-06 813-242-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #