

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000006997 1. Entity Name 2216 ALLAN ADALE, LLC					
Principal Place of Business 4345 CANARD ROAD MELBOURNE, FL 32934 US			Mailing Address 4345 CANARD ROAD MELBOURNE, FL 32934 US		
2. Principal Place of Business 592 HAWKSBILL IS. DR.		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SATELLITE BEACH, FL		City & State 			
Zip 32937		Country (BREVARD)		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent ABRAYAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name MARIA ABRAYAYA Street Address (P.O. Box Number is Not Acceptable) 592 HAWKSBILL IS. DR. City SATELLITE BEACH FL Zip Code 32937	
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 <u>Maria Abravaya</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <u>5-1-06</u>	
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAYAYA, MARIA 4345 CANARD RD MELBOURNE, FL 32934 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA ABRAYAYA 592 HAWKSBILL ISLAND, DR. SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Maria Abravaya</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE <u>5/1/06</u> 321-266-8669 Date Daytime Phone #	