## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 18, 2006 8:00 am Secretary of State

DOCUMENT # L0300009097  1. Entity Name FLEERSCAPE MANAGEMENT SERVICES, LLC						08-18-2006 9	90028 010 *	***50	0.00
	e of Business	Mailing Address							
6111 SAVOY CIRCLE Lutz, Fl 33558		6111 SAVOY CIRCLE Lutz, Fl 33558			]				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08142006	Chg-LLC	CR2E083 (1	11/05)		
City & State		City & State		4. FEI Number APPLIE		15663	-	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		00 Add Required	
<u> </u>	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New Ro	egistered Agen	t	
JOHNSON, LEONARD H 37837 MERIDIAN AVENUE			Street Address (P.O. Box N			r is Not Acceptable	······		
SUITE 314									
DADE ON	7. TE 00020	City				FL 2	Zip Code		
8. The above	e named entity submits this statement for	ed office or register	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	ind tide if applicable. (NOTE	: Registere	d Agent signature required	d when reinstating)		DATE		
Fii Due i	ling Fee is \$50.00 by September 6, 2006						check payat Department o		•
Pij Due i 9.	by September 6, 2006  MÄNAGING MEMBEI		10.				Department of CHANGES	of State	
9.	MÄNAGING MEMBEI	RS/MANAGERS	TITLE			Florida	Department of CHANGES		Addition
9. INTLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM FLEER, KENNETH E 6111 SAVOY CIRCLE		TITLE NAM STRE	E ET ADORESS		Florida	Department of CHANGES	of State	
9. THLE NAME STREET ADDRESS CITY-ST-ZIP	MÄNAGING MEMBEI  MGRM  FLEER, KENNETH E	□ Delete	TITUE NAM STRE CITY	E Et address -St-Zip		Florida	Department of CHANGES	Change	Addition
9. INTLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM FLEER, KENNETH E 6111 SAVOY CIRCLE		TITLE NAM STRE	E ET ADDRESSST-ZIP		Florida	Department of CHANGES	of State	
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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.