2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nam	MENT # L03000011	443		
Principal Place of Business 34918 U. S. 19 NORTH PALM HARBOR, FL 34684 Mailing Address 34918 U. S. 19 NORTH PALM HARBOR, FL 34684				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03222006 No Chg-LLC CRZE083 (11/05) 4. FEI Number Applied For Not Applicable Science Science Science Science Science Science Required
IRIS, MICHAEL ESQ 29 N PINELLAS AVE TARPON SPRINGS, FL 34689			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 provided name of registered agent and title if applicable. (FIOTE Replatered Agent agenture required when relinately) DATE				
FI D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBE	RS/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, ALLAN M 34918 U. S. 19 NORTH PALM HARBOR, FL 34684	- 		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	THENTIANDON, I'E 04004			800000549594 85/13/06-80027 - 010 50.00
THRE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CATY-ST-ZIP	_			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby a indicated	certify that the information supplied with on this report is true and accurate and	h this filing does not qualify for the ex I that my signature shall have the se	remptions contained	d in Chapter 119, Florida Statutes, I further certify that the information if made under path; that I am a managing member or manager of the

SIGNATURE AND TYPED OR PRINTED HAKE OF SIGNING MANAGING VENDER, OR AUTHORIZED REPRESENTATIVE