2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # LU30000123 OLDINGS, LLC	306					04-19-2006 <u>:</u>	90021	004 *******	0.00	
Principal Place of Business 2250 LEE ROAD SUITE 120 WINTER PARK, FL 32789		Mailing Address 2250 LEE ROAD SUITE 120 WINTER PARK, FL 32789			20032597 -						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			032920	006	Chg-LLC	CR2E	(11/05)		
City & State		City & State			ı	4. FE! Number Applied For 37-1463138 Not Applied				oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certifi	icate of	Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name	and Ac	dress of New Re	gistered	Agent		
ALLEN TUOMA B			Name	Name							
1	HOMAS R LCREST STREET D, FL 32801		Street A	treet Address (P.O. Box Number is Not Acceptable)							
			City					FI	Zip Cod	le	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registere	ed agent, c	or both, i	n the State of Flor	ida. Lan	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signal	ure required	when reinstatin	g)		DATE			
Fi	Signature, typed or printed name of registered agent artifling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE:	Registered Agent signal	ure required	when reinstatin	g)		check	payable to nent of Stat	e .	
Fi	iling Fee is \$50.00		Registered Agent signat	ure required	when reinstatin	g)	Florida	check Departr	nent of Stat	e	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			ure required	when reinstation	g)		check Departr	nent of Stat	e	
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10.				Florida ADDITIONS/0	check Departr	nent of State	•	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM	RS/MANAGERS	10.				Florida ADDITIONS/0	check Departr	nent of State	-	
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM ROLL, HOPE C	RS/MANAGERS	10. TITLE NAME				Florida	check Departr	nent of State	•	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ROLL, HOPE C 1190 NORTH PARK AVENUE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS				Florida ADDITIONS/0	check Departr	nent of State	-	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ROLL, HOPE C 1190 NORTH PARK AVENUE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP				Florida ADDITIONS/0	check Departr	S Change	☐ Addition	
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

3-31-06 407 740 0484