2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2006 08:00 AM Secretary of State

ANNUAL REPURI					Secretary of State	
t. Entity Nan	MENT # L03000012	581			Secretar	y of State
} .	ce of Business EDSOX PATH FL 34442	Mailing Address 319 WEST REDSOX PAT HERNANDO, FL 34442		-		
	OO NOT WRITE	IN THIS S	PAG	CE	01252006 No Chg-LLC 4. FE! Number	CR2E083 (11/05)
					16-1661227 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent				
PARK, DOO HA 319 WEST REDSOX PATH HERNANDO, FL 34442					DO NOT WE	
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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 Sphalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sphalure required when rensisting) DATE						
Filing Fee Is \$50.00 Due by May 1, 2006						
9.	MANAGING MEMBER	S/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARK, DOO HA 319 WEST REDSOX PATH HERNANDO, FL 34442		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000421 02/21/06-800	7683 318~807 50.88 ***
Tible Name Street Address City-St-Zip		:			DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPA	ACE
TRILE NAME STREET ADDRESS CHY-SJ-ZIP						
TITLE NAME STREET AGORESS	·—					
11. I hereby of indicated limited lies	certify that the information supplied with on this report is true and accurate and hilly company or the received fustice	ihis filing does not qualify for hat my signature shall have employeded to execute this	the ex-	emptions contained ne legal effect as If	f in Chapter 119, Florida Statutes. I fill made under oath; that I am a mana- pter 608, Florida Statutes	urther certify that the information ging member or manager of the