


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90032 001 \*\*\*\*50.00

<b>DOCUMENT # L03000014122</b>			
1. Entity Name ILIAN T SOUTHWEST, LLC			
Principal Place of Business 4300 W. CYPRESS ST., STE. 900 TAMPA, FL 33607		Mailing Address 4300 W. CYPRESS ST., STE. 900 TAMPA, FL 33607	
2. Principal Place of Business 11274 W. Hillsborough Ave Suite, Apt. #, etc.		3. Mailing Address 11274 W. Hillsborough Ave Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33635	Country USA	Zip 33635	Country USA
6. Name and Address of Current Registered Agent SALAS, RICARDO A 4300 W CYPRESS STE 900 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name: Deborah Zinkus Street Address (P.O. Box Number is Not Acceptable): 4803 George Rd. Suite 350 City: Tampa FL Zip Code: 33634	
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: <i>Deborah A Zinkus</i>		DATE: 2-22-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: SALAS, RICARDO A STREET ADDRESS: 4300 W CYPRESS, STE 900 CITY-ST-ZIP: TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE: P NAME: Deborah Zinkus STREET ADDRESS: 4803 George Rd. Suite 350 CITY-ST-ZIP: Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: BURKS, WAYNE STREET ADDRESS: 4300 W CYPRESS, STE 900 CITY-ST-ZIP: TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Cynthia B. Satterwhite STREET ADDRESS: 11274 W. Hillsborough Ave CITY-ST-ZIP: Tampa, FL. 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: MGR NAME: Ricardo Salas STREET ADDRESS: 11274 W. Hillsborough Ave CITY-ST-ZIP: Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Deborah A Zinkus</i>		DATE: 2-22-06 813 2nd-9361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	