## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023335

1. Entity Name
JUDYDEE, LLC

TAMPA, FL 33613



FILED
May 19, 2006 08:00 A
Secretary of State

Principal Place of Business
1723 MAGDALENE MANOR DRIVE

Mailing Address C/O REACHUSA 9933 ALLIANCE RD CINCINNATI, OH 45242



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

05052006 No Chg-LLC CR2E083 (11/05)

4.	FEI Number	Ţ	Applied For
	<u>51-0475412</u>	 	Not Applicable
5.	Certificate of Status Desired		O Additional

6. Name and Address of Current Registered Agent

DELUCA, JUDY 1723 MAGDALENE MANOR DRIVE TAMPA, FL 33613

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

5/15/06

8. The above the obligat	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept			
SIGNATURE					
	ing Fee is \$50.00 by September 6, 2006	(NOTE: Ragistered Agent signature required when reinstating)  DATE  .			
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLATTERY, ROBERT J 9933 ALLIANCE RD CINCINNATI, OH 45242				
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		U00000565344 05/20/06-80130-001 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-JIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I nereby 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 recogner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					