2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L03000024222

Entity Name: BULLET ENTERPRISES, LLC

Current Principal Place of Business:

9900 ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9900 ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 65-1199166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSEY, JANIS R
9900 ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MASSEY, JANIS R	
Address:	9900 ORANGE BLOSSOM TRAIL	
City-St-Zip:	ORLANDO, FL 32837	
Title:	MGRP	( ) Delete
Name:	MASSEY, HAMILTON W	
Address:	14802 LONE EAGLE DR	
City-St-Zip:	ORLANDO, FL 32837	
Title:	MGRS	( ) Delete
Name:	WALSH, LINDA M	
Address:	14648 PINE LAKE ST	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRP	(X) Change ( ) Addition
Name:	MASSEY, HAMILTON W	
Address:	19400 RANCH CLUB BLVD	
City-St-Zip:	GROVELAND, FL 34736	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA M WALSH MGRS 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date