2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State

ANNUAL REPURI					Secretary	of State
DOCU 1. Entity Nar MDC 3, U	MENT # L0300002	4361			Secretary	of State
Principal Place of Business 2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 APOPKA, FL 32703 APOPKA, FL 32703			OM TRAIL	1 (EU/105)	AUTU SETU SETU SETU BETAR S	
Ε	OO NOT WRIT	CE	04172006 No Cf 4. FEI Number 01-078983 5. Cartificate of Sta	5	2E083 (11/05) Applied For Not Applicate \$5.00 Additional Fee Required	
	8. Name and Address of Curre	nt Registered Agent				
WOOD, KENNETH L 2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703					OT WRI	,
	e named entity submits this statement stons of registered agent. Signature, typed or printed name at registered age	for the purpose of changing its register If and life it epoteable (NOTE: Register)	ed office or register 4 _ 20 d Agent signature required	-06	he State of Florida. 1	
FI D	iling Fee is \$50.00 ue by May 1, 2006				!	
9.	MANAGING MEM	BERS/MANAGERS			!	!
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR WOOD, KENNETH L 2070 SOUTH ORANGE BLOSS APOPKA, FL 32703	SOM TRAIL			U000005 05/03/06-8	23621 0080-005 50.0
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO N	OT WRI	[E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPAC	E
NAME			I			:

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 dertify that the information indicated on this report is true and accurate and that my signa ure shall baye the same legal effect as it 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:

STREET ADDRESS
CITY-ST-ZIP
TIFLE
MAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF JUNION MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-06

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