2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Secretary of State

1. Entity Nan	MENT # L03000026092		Secretary of State
Principal Place of Business Mailing Address 7550 BAYSIDE LANE 45 EAST 66TH ST, APT 2E FORT MYERS, FL 33912 NEW YORK, NY 10021-6102		A SEGUIES DE L'ESTER LINE ESTER ESTE ESTE ESTE SEUR RELIE DE L'ESTE FERRE PER L'ESTE L'ESTE L'ESTE L'ESTE L'ES	
DO NOT WRITE IN THIS SPACE		02142006 No Chg-LLC CR2E0B3 (11/05) 4. FEI Number Applied For Not Applied by Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE
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 Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when renetating) DATE Filling Fee is \$50.00 Due by May 1, 2006			
9. TITLE	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP	FULLUM, TIMOTHY J		
NAME STREET ADDRESS CITY-ST-ZIP			#00000455559 83715788 80063-012 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
ILITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGN		
NAME SIREET ADDRESS CITY-ST-ZIP			•
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 fencing and eccurate 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 purposity on the exemption or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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