2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Securitary of State	
1. Entity Name	MENT # L03000027 Dings L.L.C.	7346		Secretary of State	
Principal Place 28841 REGIS	S COURT	Mailing Address 28841 REGIS COURT			
BONITA SPRE	INGS, FL 34134	BONITA SPRINGS, FL 34134			••
	•		Totalin sup. 4		
ח	O NOT WRITE	IN THIS SDA	^E	03142006 No Chg-LLC	
ري _ا	O NOT WINTE	IN THIS SPA		4. FEI Number Applied Fo 30-0193549 Not Applie	
				5. Certificate of Status Desired 55.00 Additional Fee Regulred	
	6. Name and Address of Current	Registered Agent			
	ROBERT N		<u>{</u>	DO NOT WRITE	
	GIS COURT PRINGS, FL 34134			•	
			}	IN THIS SPACE	
R The above	named entity submits this statement for	or the number of changing its register	ed allice or register	red agent, or both, in the State of Florida. I am lamiliar with, and acc	
the obligati	ions of registered agent.	or the perpose of origing his register	ed office of redigies	. वच वपुकार, वर प्रवास, तम ताव वावाव वर तावसवात . र वस (असमाता स्थास, वस्य अवस्	19br
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registers	rd Agent signature required	d when reinstating) DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2008				
9.	MANAGING MEMB	ERS/MANAGERS	1		
TITLE NAME	MGR VETTER, ROBERT V		1		
SIREET ADDRESS	28841 REGIS COURT		1		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOINTA SPRINGS, FL 34134			มีกิวแก้จะรัชรัฐ 04/12 <u>/</u> 06-80884-014 5 0. 8	10
CITY-ST-27P					
TITLE NAME			1		
STREET ADORESS			i	DO NOT WRITE	
CITY-ST-2IP			-		
NAME			<u> </u>	IN THIS SPACE	
STREET ADORESS (
TITLE			1	the second secon	. :
NAME STREET ADDRESS					
CITY-ST-ZIP		4	4		
TITLE NAME			I	e e	

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

STREET ADDRESS

3/20/06

232.357.699

Daytime Phone #