## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90421 039 \*\*\*\*50.00

1. Entity Nam	MENT # L03000028	907			02-27-2006 904	21 039 *****50.00	
Principal Plac	e of Business	Mailing Address					
9 SUNSHINE BLVD,		9 SUNSHINE BLVD.				00040840	
ORMOND BEACH, FL 32174 ORMOND BEACH, FL		ORMOND BEACH, FL 32	174			20010710	
							FFEL III IEEE
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0202200	06 Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Nu	mber 161689	<del></del>	pplied For
Zìp	Country	Zip	Country		ate of Status Desired	□ \$5.00 Add	ditional
	6. Name and Address of Current F	Registered Agent		7. Name	and Address of New		· <del>-</del> -
TUTTLE, ROBERT J			Name James Skow				
9 SUNSHI	NE BLVD.		Stree		Ober is Not Acceptab	2)d	
OKIVIOND	BEACH, FL 32174			<u>,                                    </u>	<u> </u>		
	•		· (V)	mond P	each	FL 379	1074
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office	or registered agent, or	both, in the State of F	lorida. I am familiar with,	and accept
"." ine obligat	tions of registered agent.	III Sare		:		-1 - 1315 14	1 - 1 - 1 G
SIGNATURE .	ANG Jun			1		-2/15/06	
1 *** "	<ul> <li>Signature, typed or printed name of registered agent ar</li> </ul>	nd title if applicable. (NOTE: I	Registered Agent sign:	sture required when reinstation	)	nate /	
2 (1999) 3 (2)	Signature, typed or printed name birregistered agent au	nd title if applicable. (NOTE: !	Registered Agent sign	ature required when reinstating	)	DATE	
AT FI	Signature, hydred or printed name bined Stered agent as the stere of t	nd title if applicable. (NOTE: I	Registered Agent sign:	aure required when reinstating	Ma	DATE  ke check payable to la Department of State	e
. Fi	iling Fee is \$50.00 ue by May 1, 2006	1 . t	Registered Agent signi	!	Ma Floris ADDITIONS	ke check payable to	e
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	1 . t	10.	!	Ma Floris ADDITIONS	ke check payable to la Department of Stati	e Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGRM EDWARDS, MARK	RS/MANAGERS	10. TITLE NAME	!	Ma Floris ADDITIONS	ke check payable to la Department of State	
9.	iling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGRM EDWARDS, MARK 552 JOHN ANDERSON DRIVE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRM Edwards, 9 Sunshin	ADDITIONS  Mark e Blvd	ke check payable to la Department of State	
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGRM EDWARDS, MARK	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edwards, 9 Sunshin Ormond B	ADDITIONS  ADDITIONS  Mark e Blvd each, FL	ke check payable to la Department of State of Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM EDWARDS, MARK 552 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 MGRM TUTTLE, ROBERT J	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRM Edwards, 9 Sunshin Ormond B	ADDITIONS  ADDITIONS  Mark e Blvd each, FL	ke check payable to la Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM EDWARDS, MARK 552 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 MGRM TUTTLE, ROBERT J 425 PINE BLUFF TRAIL	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Edwards, 9 Sunshin Ormond B MGRM Tuttle, Rol 9 Sunshin	Mark ADDITIONS Mark e Blvd each, FL:	ke check payable to la Department of State of Change	Addition
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11. I hereby certify that the information supplied with this filling 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/06 386-676-1157
Date Daytine Phone #