2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031540

Entity Name
[illegible]O, L.L.C.

Principal Place of Business	Mailing Address
[illegible]ORIENTA AVENUE, SUITE 1040 [illegible]AMONTE SPRINGS, FL 32701	815 ORIENTA AVENUE, SUITE 1040 ALTAMONTE SPRINGS, FL 32701

01182006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
16-1696413
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

[illegible]LEN & SILLS, P.A.
[illegible]S SPRING CENTRE SOUTH BOULEVARD
[illegible]ITE C
[illegible]TAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS	
	MGRM LEFFLER, GLEN A 815 ORIENTA AVE, # 1040 ALTAMONTE SPRINGS, FL 32701
[illegible]REET ADDRESS [illegible]Y-ST-ZIP	MGRM VIELE, GEORGE 301 CAROLYHN AVE OVIEDO, FL 32765
[illegible]REET ADDRESS [illegible]Y-ST-ZIP	
[illegible]REET ADDRESS [illegible]Y-ST-ZIP	
[illegible]REET ADDRESS [illegible]Y-ST-ZIP	
[illegible]REET ADDRESS [illegible]Y-ST-ZIP	

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01/30/06-80096-021 50.00

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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: Glen A Leffler Managing Member 1/19/2006 407-830-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #