2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 26, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Jun 26, 2006 08:0	
DOCU 1. Entity Na LEWIS,		340			Secretary of St
Principal Pla	ice of Business	Mailing Address		1	
11041 STA SARASOTA,	ARKEY RD. Fl 34236	11041 STARKEY RD. Sarasota, FL 34236			
				05122006 No Chg-LLC	CR2E083 (11/05)
	OO NOT WRITE	IN THIS SPA	CE.	4. FEI Number	Applied For
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
2 140 14 4	6. Name and Address of Current F	legistered Agent	Particulation than		THE AND STORES
11041 ST	LEXANDER L FARKEY RD. TA, FL 34236			DO NOT W IN THIS SF	te ditabilita indepti filika kalifiqiye edili ili.
SIGNATURE	itions of registered agent. Signature, typed or printed name of registered agent ar ling Fee is \$50.00 by September 6, 2006	d fille it applicable. (NOTE: Register	ed Agent signature required	when reinstating)	OATE
9.	MANAGING MEMBER	S/MANAGERS	Page State	SALANT L. BOOK SALAN	Constant Santant Back Se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, NORMAN L JR. 5824 RIGELS HARBOR RD. SARASOTA, FL 34242	Official		06.26,06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, ALEXANDER L 11401 STARKEY RD. LARGO, FL 34643				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				
TITLE		······································			

11. I hereby certify that the information supplied with the fifting 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 indicated on this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

x 8/30/07

Daytime Phone #