

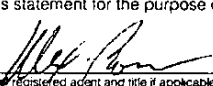
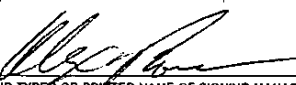


# 2006 LIMITED LIABILITY COMPANY -AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:50

DOCUMENT # L03000033340																													
1. Entity Name LEWIS, L.L.C.																													
Principal Place of Business 11041 STARKEY RD. SARASOTA, FL 34236			Mailing Address 11041 STARKEY RD. SARASOTA, FL 34236																										
2. Principal Place of Business 11401 Starkey Rd. Suite, Apt. #, etc.		3. Mailing Address 11401 Starkey Rd. Suite, Apt. #, etc.																											
City & State Largo, FL Zip 33773 Country Pinellas		City & State Largo, FL Zip 33773 Country Pinellas		4. FEI Number 20-0204845 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				06162006 Chg-LLC CR2E083 (11/05)																									
6. Name and Address of Current Registered Agent ROSS, ALEXANDER L 11041 STARKEY RD. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name ROSS, ALEXANDER L. Street Address (P.O. Box Number is Not Acceptable) 11401 Starkey Rd. City LARGO FL Zip Code 33773																										
8. 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 7-12-06																									
Amended Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSS, NORMAN L JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5824 RIGELS HARBOR RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34242</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	ROSS, NORMAN L JR.		STREET ADDRESS	5824 RIGELS HARBOR RD.		CITY-ST-ZIP	SARASOTA, FL 34242		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ROSS, ALEXANDER L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11401 Starkey Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33773</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ROSS, ALEXANDER L.		STREET ADDRESS	11401 Starkey Rd.		CITY-ST-ZIP	LARGO, FL 33773	
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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: 				DATE 7-12-06 727-459-0168																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																									