2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# L03000034360

Entity Name: TOPFLA, LLC.

Current Principal Place of Business:

1411 E CAPE CORAL PKWY E
CAPE CORAL, FL 33904 US

New Principal Place of Business:

2270 FIRST STREET
FORT MYERS, FL 33901 US

Current Mailing Address:

1411 E CAPE CORAL PKWY E
CAPE CORAL, FL 33904 US

New Mailing Address:

2270 FIRST STREET
FORT MYERS, FL 33901 US

FEI Number: 20-0200666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORMAYER, MARIO
1411 CAPE CORAL PKWY. E.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DORMAYER, MARIO
2270 FIRST STREET
FORT MYERS, FL 33901 US

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.

SIGNATURE: MARIO DORMAYER 03/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DORMAYER, MARIO
Address: 1411 CAPE CORAL PKWY E
City-St-Zip: CAPE CORAL, FL 33904 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DORMAYER, MARIO
Address: 2270 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM ( ) Change (X) Addition
Name: DORMAYER, DORIT M
Address: 2270 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO DORMAYER MGR 03/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date