2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000034728

ENCORE INVESTMENT ASSOCIATES, LLC



FILED Mar 16, 2006 08:00 AM **Secretary of State**

Principal Place of Business

4819 SE 12TH PLACE OCALA FL 34471

Mailing Address

4819 SE 12TH PLACE **OCALA, FL 34471**



03132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4539549

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered again and the if applicable.

SIMONS, GARY C ESQ 121 NW THIRD ST. **OCALA, FL 34475**

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be the obligations of registered agent.	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	DATE

Filing Fee is \$50.00 Due by May 1, 2006

U000004697**5**4 03/27/06-80013-005 55.00

9. MANAGING MEMBERS/MANAGERS	
name Street address City-St-Zip	MGRM WHITE, JAMES 4819 SE 12TH PL. OCALA, FL 34471
TITLE HAME STREET ADDRESS CITY-ST-OP	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZP	
TITLE MAME STREET ADDRESS CITY-ST-ZP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 stability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR FISHTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE