2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # L03000034901 1. Entity Name ANGÉLA, LLC Specification of Approximate Principal Place of Business Mailing Address 4741 N. OCEAN BLVD. 4741 N. OCEAN BLVD. SEA RANCH LAKES, FL 33308 SEA RANCH LAKES, FL 33308 02082006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0233741 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUTTELL, JANET DO NOT WRITE 261 N.W. 16 ST. POMPANO BEACH, FL 33065 IN THIS SPACE 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable GNOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TRAN, PHONG H MR. NAME STREET ADDRESS 4741 N. OCEAN BLVD. SEA RANCH LAKES, FL 33308 CITY-ST-ZIP TITLE 000000538531 05/09/06-80063-008 50.00 <u></u> NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 indice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phace #

FILED