## 2006 LIMITED LIABILITY COMPANY

# **ANNUAL REPORT**

DOCUMENT # L03000035398 1. Entity Name



Principal Place of Business

SALIDA DEL SOL, L.L.C.

Mailing Address

1053 MAITLAND CENTER COMMONS BLVD., STE 20 1053 MAITLAND CENTER COMMONS BLVD., STE 20

MAITLAND, FL 32751

MAITLAND, FL 32751

**FILED** May 03, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

04272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2127045

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WALKER, BERRY J 1053 MAITLAND CENTER COMMONS BLVD., STE 20

MAITLAND, FL 32751

### DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature regulred when reinstating)

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

U00000561398 05/19/06-80012-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CALLAHAN, JOHN T III
STREET ADDRESS	1053 MAITLAND CENTER COMMONS BLVD., STE 20
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	", "
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
44 11 1	the state of the s

## DO NOT WRITE IN THIS SPACE

ation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 receiver or trustee empanyed to exegute this report as required by Chapter 608, Florida Statutes indicated on this report is true limited liability company of

SIGNATURE:

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