2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000036332

1. Entity Name NEAT EXPECTATIONS, LLC



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

Principal Place of Business

1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259

Malling Address

1068 NATURE'S HAMMOCK RD. S. : JACKSONVILLE, FL 32259



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0370768

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, LYNDA 1088 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259

COTY-ST-ZP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CAY-SI-ZP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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	named entity submits this statement for the purpose of chilions of registered agent.	anging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered againt and the if applicable.	(NOTE: registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS		
BILE	MGR		
NAME	TURNER, LYNDA	8	
STREET ADDRESS	1068 NATURE'S HAMMOCK RD. S.	1	
CATY-ST-ZIP	JACKSONVILLE, FL 32259		
TITLE			
NAME		§	15600334531293
STREET ADDRESS		3	1/0 /1 O Matter and a 100 100

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11. I heroby 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.