## 2006 LIMITED LIABILITY COMPANY

## **FILED**

ANNUAL REPORT				Jan 20, 2006 08:00 AM	
	MENT # L03000	041094			etary of State
1. Entity Name LITHIA OAKS BUSINESS CENTER, LLC.					
Principal Place of Business 437 LITHIA PINECREST ROAD 437 LITHIA PINECREST ROAD BRANDON, FL 33511 BRANDON, FL 33511		437 LITHIA PINECREST ROAD	*	אין אומי אומער אווע פערעע אין אפעעער א	INT BRICK BINDE SYRK BRING 1850 BUNGET IN BREK
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'n	A SECT 14/00	ITE IN TUIC COA	^E	01052006No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPA			U L	4. FEI Number 65-1209122	Applied For Not Applicable
				5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent	-		
MCDERMOTT, MICHAEL JESQ. 791 W. LUMSDEN RD.				DO NOT W	IRITE
BRANDON, FL 33511			}	IN THIS SE	PACE
				· - • • • • • • • • • • • • • • • • • •	
	named entity submits this state ions of registered agent,	ment for the purpose of changing its registe	ered office or registe	red agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE	solo or rogration against				
- JIGHATORE	Signature, typed or printed name of register	red agent and title if applicable (NOTE, Registe	red Agent signature require	d when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2005	·	. i <u>s</u>	•	
9.	_ <del></del>	MEMBERS/MANAGERS	_		
TITLE NAME	MGRM   VACCARO, NATHAN J JF	<b>.</b>			
STREET ADDRESS CITY-ST-ZIP	152 BARRINGTON DR. BRANDON, FL 33511		}		
TITLE	BROKEDON, 12 30011				
NAME STREET ADDRESS					0392872 ~60098~022 150.8 <b>0</b>
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TITLE NAME					
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STREET ADDRESS OCTY-ST-ZIP	d d				
TITLE NAME			1		
STREET ADDRESS			1		

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

Nathan J. Vaccaro, Jr.

URE:

SIGNATURE AND TYPED OR PRINTED IN MAR OF SIGNING MANAGEMENT OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET AODRESS CITY-ST-ZP

> (813)681-0675 Dayoma Phone #

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