## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

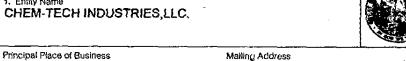
## **FILED** Apr 21, 2006 08:00 AM Secretary of State

DOC	JMENT	`#L(	008(	004	1402

1. Entity Name

2737 ISLAND POND LANE

NAPLES, FL 34119 US





DO NOT WRITE IN THIS SPACE

PO BOX 771359

NAPLES, FL 34107

04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3777326

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FELKER, JOSEPH M 2737 ISLAND POND LANE

## DO NOT WRITE

NAPLES, I	,	IN	THIS SPACE	
6. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or t	ooth, in the State of Floripa. I am familiar with, and accept	
SIGNATURE_	Signature, typed or profed name of registered agent and five it applicable	(NOTE: Registered Agent signature required when reinstalling)	DATE	
FI	ling Fee is \$50.00 ue by May 1, 2006		1	
9.	MANAGING MEMBERS/MANAGERS	;		
TITLE NAME SIFEET ADDRESS CITY-ST-ZIP	MGR FELKER, JOSEPH M 2737 ISLAND POND LANE NAPLES, FL 34119		DO NOT WRITE	
HILE NAME STREET ADDRESS CITY-ST-ZIP				
thile Name Street address City-St-Zip		DC		
Title Name Street Address City-St-Zip		IN		
Title Name Stricet address Chy-St-Zip				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			;	

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 liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: