


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90419 045 \*\*\*\*50.00

<b>DOCUMENT # L03000042025</b>	
1. Entity Name <b>CERTITY, LLC</b>	

Principal Place of Business <b>2915 STATE ROAD 590 SUITE 15 CLEARWATER, FL 33759</b>	Mailing Address <b>2915 STATE ROAD 590 SUITE 15 CLEARWATER, FL 33759</b>
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**20010649**



2. Principal Place of Business <b>205 Hancock CT</b>	3. Mailing Address <b>205 Hancock CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State <b>Safety Harbor FL</b>	City & State <b>Safety Harbor FL</b>
Zip <b>34695</b>	Country <b>Pinellas</b>

4. FEI Number <b>56-2413461</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAWRENCE, LEWIS E 2915 STATE ROAD 590 SUITE 15 CLEARWATER, FL 33759</b>
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7. Name and Address of New Registered Agent Name <b>Lewis E Lawrence</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 Hancock CT</b> City <b>Safety Harbor</b> FL Zip Code <b>34695</b>
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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 the obligations of registered agent.	
SIGNATURE <b>Lewis E Lawrence</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Member <b>2/21/2006</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM LAWRENCE, LEWIS E 2915 STATE ROAD 590, SUITE 15 CLEARWATER, FL 33759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM LAWRENCE, JUDY L 2915 STATE ROAD 590, SUITE 15 CLEARWATER, FL 33759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>205 Hancock CT Safety Harbor FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>205 Hancock CT Safety Harbor FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <b>Lewis E Lawrence</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Member <b>2/21/2006</b> <b>727-776-1176</b> <small>Date Daytime Phone #</small>