2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000049482

CONTINENTAL INTRA-TECH, L.L.C.



FILED Jun 13, 2006 08:00 AN Secretary of State

Principal Place of Business

15 CYPRESS HOLLOW LANE ORMOND BEACH, FL 32174 Mailing Address

P.O. BOX 2915

ORMOND BEACH, FL 32175



06082006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	16-1694971

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

ZARABI, \$ 15 CYPRESS HOLLOW LANE ORMOND BEACH, FL 33174

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	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept /
SIGNATURE.	Signature, typed or printed name of registered agent and this if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fij Due t	ing Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS		
9.	MANAGING MEMBERS/MANAGERS PST		
9. TITLE NAME			

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ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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