

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049555	
1. Entity Name MICHAEL G. PRESLAR, L.L.C.	

Principal Place of Business 5810 WESTPORT LANE NAPLES, FL 34116	Mailing Address 5810 WESTPORT LANE NAPLES, FL 34116
---	---

DO NOT WRITE IN THIS SPACE



01232006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 65-0014068	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

PRESLAR, MICHAEL G 5810 WESTPORT LANE NAPLES, FL 34116

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

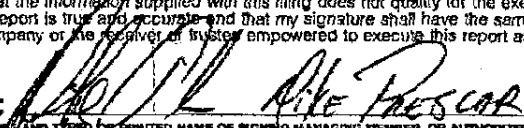
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESLAR, MICHAEL G 5810 WESTPORT LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000401434
02/02/06-80043-013 55.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/23/06 239/370-2471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE