


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90031 032 ****50.00

DOCUMENT # L03000050645		
1. Entity Name LIMESA, L.L.C.		

Principal Place of Business 309 VIOLEWOOD RD. DELAND, FL 32721	Mailing Address 959 WISCONSIN AVE DELAND, FL 32720
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2. Principal Place of Business 959 WISCONSIN AVE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DeLand, Florida	City & State
Zip 32720	Country USA

8. Name and Address of Current Registered Agent BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULLARA, GAIL 959 WISCONSIN AVE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gail Pullara GAIL PULLARA 4-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #