


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90168 004 ****50.00

20005073

DOCUMENT # L03000054566 1. Entity Name INDEX, LLC																											
Principal Place of Business P.O. BOX 160910 ALTAMONTE SPRINGS, FL 32714		Mailing Address P.O. BOX 160910 ALTAMONTE SPRINGS, FL 32714																									
2. Principal Place of Business 109 Central Park Place Suite, Apt. #, etc.		3. Mailing Address 109 Central Park Place Suite, Apt. #, etc.																									
City & State Sanford, FL Zip _____ Country USA 32771		City & State Sanford, FL Zip _____ Country USA 32771																									
4. FEI Number 20-0583841		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> - \$5.00 Additional - Fee Required		01182006 Chg-LLC CR2E083 (11/05)																									
6. Name and Address of Current Registered Agent BLOSS, REGAN P.O. BOX 160910 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 109 Central Park Place City Sanford FL Zip Code 32771																									
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 <u><i>Regan Bloss</i></u> 1/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLOSS, REGAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 160910</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALTAMONTE SPRINGS, FL 32714</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	BLOSS, REGAN		STREET ADDRESS	P.O. BOX 160910		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>109 Central Park Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sanford, FL 32771</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	109 Central Park Place		CITY-ST-ZIP	Sanford, FL 32771	
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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: <u><i>Regan Bloss</i></u> 1/27/06 321-257-200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											