

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 042 ****50.00

20030009



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1085099

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOBBS, ROBERT S ESQ.
3719 SWANN AVENUE
TAMPA, FL 33612

**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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VOLENEC, GARY J
112 S 12TH STREET STE D
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JOHNSON, GREG
5026 TRENTON ST
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JOHNSON, SCOTT
5026 TRENTON ST.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

GARY J. VOLENEC 4/12/06 813 223-9416

Date

Daytime Phone #