2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # L03000056822 1. Emity Name GHOA DISABILITY, LLC						Secre	tary of St	ate
Principal Place of Business Mailing Address					}			
1147 NW 64TH TERRACE GAINESVILLE, FL 32605		1147 NW 64TH TERRACE Gainesville, FL 32605			7 7 M M (2007 2 M () M		i delen erre Char wred niew de	est tel lære
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Sulle, Apt. #, etc.			01102008	Chg-LLC	CR2E083 (11/05)	
City & State		City & State			4. FEI Number 20-0306		No	plied For (Applicable
Zip	Country	Zip Cour			J	of Status Desired	\$5.00 Add Fee Require	ilional i
5. Name and Address of Current Registered Agent Name						Address of New R	egistered Agent	
STECHMILLER, BRUCE K MD 1147 NW 64TH TERRACE GAINESVILLE, FL 32605			{	Street Address (P.O. 8ox Number is Not Acceptable)				
CAMEOV	7EEE, 7 E 32000			C2-				
				City			FL Zip Code	
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 Spriature, types or profied name of registered agent and life if applicable. (MOFE: Registered Agent signature required when reinstauro) DATE								
Signature, typed or posted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE								, s = , = , = ;
filing Fee is \$50.00 Due by May 1, 2008							e check payable to Department of State	•
g.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS /	CHANGES	
TITLE	MGRM STECHMILLER, BRUCE K	☐ Delete	\$15FE			UTOOTH	1466153 ¹¹ Change	Addition
STREET ADDRESS		·	NAME STREE	T ADDRESS		113722706-	-800004-010 50	1.00
CITY-\$1-ZIP	GAINESVILLE, FL 32605	· · · · · · · · · · · · · · · · · · ·	CHY-	ST-ZIP				
RITLE NAME	MGRM MONTOYA, VERNON	☐ Delate	TALE				Change	Addition 🔲
STREET ADDRESS	1147 NW 64TH TERRACE		MAME STREET	T ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32605	· ··	ÇITY-S	61-ZIP				
TRLE	MGRM	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	BHATIA, ANDRES 1147 NW 64TH TERRACE	-4	NAME STREET	TADORES\$				
CHY-ST-ZIP	GAINESVILLE, FL 32605	· 	CITY-5)				
TITLE) 101011111	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	DE LA PUERTA, MANUEL 1147 NW 84TH TERRACE		NAME STREE	T AODRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32605	-	ERY-S	•				
TITLE		☐ Delete	HILE				☐ Change	Addition
HAME STREET ADDRESS			NAME	I Ammacee				i
CHY-ST-HP			CHY-S	TAOORESS ST-ZIP				
10025		☐ Defeta	TITLE		·		☐ Change	☐ Addition
NAME STREET ADDRESS	}		NAME				_ •	
Street Address City-St-21P			STREET CITY-S	Audress St-Zip				ļ
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.								
D. Hel M no on the make								
SIGNATURE: X Bruce Stackmiller m much 6, 2006								

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