2006.LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000094

CHRÍS J. CARR, PH.D.,LLC



Principal Place of Business

1527 NW 57TH STREET GAINESVILLE, FL 32605 Mailing Address

1527 NW 57TH STREET GAINESVILLE, FL 32605

FILED Aug 08, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

07062006 No Chg-LLC

4. FEI Number 20-0980166 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, CHRIS 1527 NW 57TH STREET GAINESVILLE, FL 32605

	or the purpose of changing its registered office or register	red agent, or both, in the State of Florida.	am familiar with, and accept
the obligations of registered agent		,	1.
the obligations of registered agent.		: 7/4	(1/04

Signature, typed or printed name of registered agent and title if applicable

DATE

Filing Feo Is \$50.00 Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGR CARR, CHRIS 1527 NW 57TH STREET GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM CARR, ANNA 1527 NW 57TH STREET GAINESVILLE, FL` 32605	00000573854** 08/08/06-80005-009/50/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		

11. I hereby certify that the information supplied with this filling 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

Daytime Phone #