2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHOUINARD, RICHARD T 14 CROATAN STREET CRAWFORDVILLE, FL 32327 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 the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM NAME CHOUINARD, RICHARD STREET ADDRESS 14. CROATAN STREET STREET ADDRESS 15 STREET ADDRESS 10.00 COUNTY STREET STREET ADDRESS 14 CROATAN STREET	ied For Applicable onal
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 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 inform 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 limited liability company or the receiver entriestee empowered to execute this report as required by Chapter 608, Florida Statutes. 	ation of the
SIGNATURE: 2-5-06 89518-30	
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