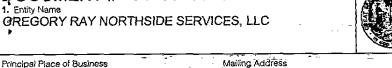
2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

COCUMENT # L04000003718

1. Entity Name

1329 PINE STREET

APOPKA, FL 32703



FILED Jan 19, 2006 08:00 AM Secretary of State



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1329 PINE STREET APOPKA, FL 32703

US

01122006 No Chg-LLC

CR2E083 (11/05)

4. FE! Number 58-3636351 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, MARLENE F 1329 PINE STREET APOPKA, FL 32703

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	named entity submits this statementions of registered agent.	it for the purpose of che	nging its registered office	or registered agent, or both, in the St	ate of Florida. I am famillar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.		(NOTE: Registered Agent signature required when rehistating)		DATE	DATE	
	iling Fee is \$50.00 ue by May 1, 2006		· · · · · · · · · · · · · · · · · · ·			A	
9.	MANAGING ME	MBERS/MANAGERS		A SECTION OF THE PROPERTY OF T	160	21	
IIITE	MGRM			•			
NAME	RAY, GREGORY D						
STREET ADDRESS	1329 PINE STREET		 				
CITY-ST-ZIP	APOPKA, FL 32703		1				

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NAME STREET ADDRESS CITY-ST-ZIP	RAY, GREGORY D 1329 PINE STREET APOPKA, FL 32703	· - <u>-</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		- 	•
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TIYLE NAME STREET ADDRESS GITY-ST-JP				*#: ~

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 ON PROPERTY NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date¹ Daytime Phone #