2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000004399

1. Entity Name THE 4100 BUILDING, LLC



03-29-2006 90018 049 ****55.00

Mar 29, 2006 8:00 am Secretary of State

FILED

Principal Place of Business

4100 RECKER HIGHWAY WINTER HAVEN, FL 33880 Mailing Address

4100 RECKER HIGHWAY WINTER HAVEN, FL 33880

20022052



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2453296 Applied For Not Applicable

5. Certificate of Status Desired

\$5.0

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRASIER, DONALD W 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880

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
	lling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	FRASIER, DONALD W			
STREET ADDRESS	100 TWIN COVE			
CITY-\$T-ZIP	AUBURNDALE, FL 33823			
TITLE	MGRM			
NAME	RILY, DARRYL L			
STREET ADDRESS	250 POST ROAD			
CITY-ST-ZIP	POLK CITY, FL 33868			
TITLE				
NAME				!
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STREET ADDRESS				
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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: Landow

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

863-967-5177

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

Date

Daytime Phone #