


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000006902</b> 1. Entity Name MICCAR, L.L.C.	
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Principal Place of Business 13829 GOOD LIFE RD. TAMPA, FL 33618	Mailing Address 13829 GOOD LIFE RD. TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



07022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2132036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CROMER, MICHAEL A 13829 GOOD LIFE RD. TAMPA, FL 33618	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROMER, MICHAEL A 13829 GOOD LIFE RD. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROMER, CAROL B 13829 GOOD LIFE RD. TAMPA, FL 33618
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IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** Michael A. Cromer 6/29/06 813 961-1302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #