

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 011 ****50.00

DOCUMENT # L04000008820					
1. Entity Name ANDRAL SHIRLEY LLC					
Principal Place of Business 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326			Mailing Address 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326		
2. Principal Place of Business 4967 Brightmour Circle Suite, Apt. #, etc.		3. Mailing Address 4967 Brightmour Circle Suite, Apt. #, etc.			
City & State ORLANDO FLORIDA		City & State Orlando FL		4. FEI Number 20-3032975	
Zip 32837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIRLEY, ANDRAL S 2225 N COMMERCE PARKWAY SUITE #9 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent. SIGNATURE <u>X ANDRAL SHIRLEY MGR</u> DATE <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIRLEY, ANDRAL S 2225 N COMMERCE PARKWAY, SUITE #9 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIRLEY, ANDRAL S 4967 Brightmour Circle Orlando FL. 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIRLEY, AUDREY T 2225 N COMMERCE PARKWAY, SUITE #9 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIRLEY, AUDREY T 4967 Brightmour Circle Orlando FL. 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIRLEY, PIERRE A 2225 N COMMERCE PARKWAY, SUITE #9 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIRLEY, PIERRE A 4967 Brightmour Circle Orlando FL. 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X [Signature]</u>			Date <u>4/29/06</u> Daytime Phone # <u>407-454-8756</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					