2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2006 08:00 AM **Secretary of State**

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|------|----|-------------|---|--------|----|------|----|

1. Entity Name JOHN W. LISO LLC



Principal Place of Business

960 ESSEX ROAD DAYTONA BEACH, FL 32117 Mailing Address

960 ESSEX ROAD DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0767495

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LISO, JOHN W 960 ESSEX ROAD

DO NOT WRITE

| DAYTONA | RBEACH, FL 32117 | IN THIS SPACE |
|---|---|--|
| | named entity submits this statement for the purpose of changing its regions α' registered agent. | pistered office or registered agent, or both, in the State of Florida 1 am familiar with, and accept |
| SIGNATURE | Signification, typed or printed name of registered agent and title it applicable. [NGTE: Re | gistered Agent alignature required when reinstafing) OATE |
| Fi D | iling Fee is \$50.00 ue by May 1, 2006 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LISO, JOHN W 960 ESSEX ROAD DAYTONA BEACH, FL 32117 | U00003451490 43/10/06-800 56-001 50.00 1 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TOTLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-71P | | |
| THE NAME STREET ADDRESS CHTY-ST-ZIP | | |

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.

UREA STORM V. LISO 2-36-86
SIGNATURE MAY TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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