


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90035 017 \*\*\*\*50.00

DOCUMENT # L04000013501					
1. Entity Name <b>ANTICIPO, LLC</b>					
Principal Place of Business <b>1626 SE 29TH TERRACE OCALA, FL 34471</b>			Mailing Address <b>1626 SE 29TH TERRACE OCALA, FL 34471</b>		
2. Principal Place of Business <b>5015 SE 7th Avenue</b>		3. Mailing Address <b>5015 SE 7th Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>20-0936614</b>	
Zip <b>34480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>34480</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471</b>	
City & State <b>Ocala, FL</b>		7. Name and Address of New Registered Agent Name <b>Prashad, Seema</b> Street Address (P.O. Box Number is Not Acceptable) <b>5015 SE 7th Avenue</b> City <b>Ocala</b> FL <b>FL</b> Zip Code <b>34480</b>			
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 <b>Prashad</b> <b>SEEMA PRASHAD</b> <b>1/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRm Prashad, Seema 5015 SE 7th Avenue Ocala, FL 34480</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <b>Prashad</b> <b>SEEMA PRASHAD</b> <b>1/11/06</b> <b>(352)572-0463</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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