## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000015314** FILED 1. Entity Name DEALCO LLC 06 MAY 31 AM 11: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1032 WINDING WATERS CIRCLE 1032 WINDING WATERS CIRCLE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business 3. Mailing Address 3651 Thomason 3651 Thompson Suite, Apt. #, etc. Suite, Apt. #, etc. 05122006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number ate Marc 27-0096336 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREUSCH, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1032 WINDING WATERS CIRCLE WINTER SPRINGS, FL 32708 3651 Thompson Rd 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 . (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITI F Change Addition PREUSCH, WILLIAM E NAME NAME 3651 Thompson Rd STREET ADDRESS STREET ADDRESS 1032 WINDING WATERS CIRCLE Lake Mary, FL 32746 CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP MGRM Change Delete TITLE ☐ Addition TITLE PREUSCH, ALEXANDER W NAME NAME 3051 Thompson Rd STREET ADDRESS 1032 WINDING WATERS CIRCLE STREET ADDRESS Lake mary, FL 32746 WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP 「**X** Change ☐ Detete MGRM IIILE TITLE Addition PREUSCH, ERIC M NAME NAME 3651 Thompson Rd STREET ADDRESS STREET ADDRESS 1032 WINDING WATERS CIRCLE Lake Mary, Fl 32746 CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME 05/01/05 60423-001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.