


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 024 \*\*\*\*50.00

<b>DOCUMENT # L04000024403</b>	
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Principal Place of Business 3711 NE 42ND LANE OCALA, FL 34479	Mailing Address P.O. BOX 956 SILVER SPRINGS, FL 34489
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2. Principal Place of Business <i>5138 SE 14th Place</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ocala FL</i>	City & State
Zip <i>34471</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent	
RANEW, THOMAS C JR 3711 NE 42ND LANE OCALA, FL 34479	

60061011



04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26-7962379	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <i>Raneu, Thomas C Jr.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5138 SE 14th Place</i>	
City <i>Ocala</i>	Zip Code <i>34471</i>

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 *Thomas C Raneu* DATE *4/10/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANEW, THOMAS C JR 3711 NE 42ND LANE OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5138 SE 14th Place Ocala, FL 34471</i> <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
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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: *Thomas C Raneu* DATE *4/10/06* 352 840-5914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE