2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

FILED Feb 03, 2006 08:00 AM Secretary of State

Pince of Quinness GRADENTON, FL 34202 DO NOT WRITE IN THIS SPACE To Strain and Address of Current Registered Agent CHIGGALO, ANTHONY G215 LORRANUE ROAD BRADENTON, FL 34202 TO NOT WRITE IN THIS SPACE 8. Certificate of Status Desired DO NOT WRITE IN THIS SPACE 8. The screw named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Froids. 1 am familiar with, and accent this obligations of a registered agent. SIGNATURE TO NOT WRITE IN THIS SPACE 8. The screw named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Froids. 1 am familiar with, and accent this obligations of a registered agent. SIGNATURE TO NOT WRITE IN THIS SPACE THE MANNIGHIG MEMBERSHAMNAGERS T	1. Entity Nam	MENT # L04000030752			Secretary of State	
DO NOT WRITE IN THIS SPACE 1. FEI Number 55-03650995 1. Not Applicate 55-0365095 1. Not Applica	6215 LORRA	INE ROAD - 6215 LOP	RRAINE ROAD			
CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL. 34202 3. The above named entity submite 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 eigent. SIGNATURE STRING Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MARE SIREST ADDRESS OUT -ST-2P TITLE NAME SIREST ADDRESS OUT -ST-2P TITLE NAME SIREST ADDRESS OUT -ST-2P TITLE NAME SIREST ADDRESS SIREST ADRESS SIREST ADDRESS SIREST ADDRESS SIREST ADDRESS SIREST ADDRESS	ם		ماد دار مصدر در م	CE	01272006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For S5-0866995 5.00 Additional	
THE MANE SIRET ADDRESS CITY-ST-ZIP TITE TITE TITE MANE SIRET ADDRESS CITY-ST-ZIP TITE TITE MANE SIRET ADDRESS CITY-ST-ZIP TITE TITE MANE SIRET ADDRESS CITY-ST-ZIP TITE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP TITE NAME SIRET ADDRESS SIRET ADRESS SIRET ADDRESS SIRET ADDRES	CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL 34202				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the flapplicable (NOTE. Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS	MGRM SCHROEDER-MANATEE RANCH, INC. 6215 LORRAINE ROAD	15		.U00000419096	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	name Street address City-St-Zip				02/14/06-80034-005 55.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME SIREET ADDRESS CITY-ST-ZIP			965 1	•	
NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP				NY INIO SPACE	
TIME .	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STRICT ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting 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 cath, that I am a managing member or manager of the indicated company or the secretary of the same legal effect as if made under cath, that I am a managing member or manager of the indicated company or the secretary of the same legal effect as if made under cath, that I am a managing member or manager of the limited like hit to company or the secretary of the same legal effect as if made under cath, that I am a managing member or manager of the limited like hits the same legal effect as if made under cath, that I am a managing member or manager of the limited like hits the limited like hits the limited and like the limited like hits the li	NAME STREET AUDRESS CITY-ST-ZIP	certify that the information supplied with this filling doe	es not qualify for the a	xemptions contains	ed in Chapter 119. Florida Statutes, I further certify that the Information	