## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

the obligations of registered agent.  SIGNATURE    Filling Fee Is \$50.00	DOCUMENT # L04000031233  1. Entity Name TRELAUNEY ENTERPRISES, LLC  :							SECRETARY OF STATE DIVISION OF CORPORATIONS  06 MAY 19 AM 9: 38				
Salte, Apt. #, etc.    Salte, Apt. #, etc.   Salte   City & State   City & State   A. FEI harmher   Ba3-0397551   Molt Applied For   Molt Applied	8881 SW2 9	TH CT		8881 SW2 9TH CT					EL ESTIN BIBET EBIN BRINL			<b>11</b> 1    11    11    11    11    11    11    11    11    11    11    11    11    11    11    11    11    11
City & State  Country	2. Principal P	lace of Busir	ness	3. Mailing Address								
Second   S	Suite, Apt. #, etc.			Suite, Apt. #, etc.				05112006	Chg-LLC	CR2E083	3 (11/05)	
See   Popular   Per	City & State			City & State						<u> </u>		
Name   Sweet Address (P.O. Box Number is Not Acceptable)	Zip		Country	<u> </u>		try	5. Octobed to Galas Desired					
Site Address (P.O. Box Number is Not Acceptable)    City   FL   Zp Code	درياسد ا		and Address of Current F	Registered Agent								
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 accelerate the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by September 6, 2006  Filling Fee is \$50.00  Due by September 6, 2006  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. AD	8881 SW2	9TH CT				Street Address (P.O. Box Number is Not Acceptable)						
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Filling Fee is \$50.00  Pub by September 6, 2006  Singer Monaging Members/Managers  10. ADDITIONS/CHANGES  ITILE MGR DIR (MANAGING DIRECTOR) Delete BENJAMIN, ALEXANDER SIRET ADDRESS CITY-ST-ZP  FILE MGR	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											
Filling Fee Is \$50.00  Due by September 6, 2006  ##ANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  ITILE   MGR DIR (MANAGING DIRECTOR)   Delete	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE MANE BENJAMIN, ALEXANDER STREET ADDRESS CITY-ST-ZP TITLE MANE BENJAMIN, SYMONIA STREET ADDRESS CITY-ST-ZP TITLE MANE BENJAMIN, SYMONIA STREET ADDRESS CITY-ST-ZP TITLE MANE BENJAMIN, SYMONIA STREET ADDRESS CITY-ST-ZP TITLE MANE								Make check payable to				
NAME SIRET ADDRESS OTTY-ST-ZIP PEMBROKE PINES, FL 33025  TITLE NAME BRAJAMIN, SYMONIA SIRET ADDRESS OTTY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					_				ADDITION	<del></del>	_	_
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplice with this filling 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 by frustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS				]	□ Change	☐ Addition
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DIGNATURE W	indicated	on this repo	rt is true and accurate and	that my signature shall have	the same	e legal effect	as it m	nade under oat	h; that I am a mar	I further certify the naging member	hat the info or manage	rmation r of the
SIGNATURE: X  Alexander Benjamin (Mgr. Dir) 05-12-06 954-662-5769  BIGNATURE AND SPEED BY PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disjurice Priorie #												