2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2006 90029 009 ****50.00 L04000032135

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1. Entity Nam	MENT # L04000032 rions, llc	135			06.	JUN -5 PI	4 3: 50		
Principal Place of Business Mailing Address 9517 SPRING BLOSSOM CT PO BOX 16480 AMELIA ISLAND, FL 32034 US AMELIA ISLAND, FL 32035				US		RETARY Û AHASSEE.			aukāu
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302006	Chg-LLC	CR2E08:	3 (11/05)		
City & State		City & State		4. FEI Number 03 0		93		plied For t Applicable	
Zip	Country 2/p Co		Coun	itry	5. Certificate	of Status Desired		5.00 Add se Required	
· · ·	6. Name and Address of Current	Registered Agent		NI	7. Name and	Address of New R	egistered Ag	jent	
RETA ₋ 1 M	ANAGEMENT INC			Name					
BETA-1 MANAGEMENT, INC. 9517 SPRING BLOSSOM CT. AMELIA ISLAND, FL 32034			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	9
	named entity submits this statement for tions of registored agent.	r the purpose of changing it	ts register	ed office or regis	tered agent, or bot	h, in the State of Flo		miliar with,	and accept
SIGNATURE .	uons oi registoreo agent.								
	Signeture, typed or printed name of registered agent a	اللاول ملحمالست اذمات اس		4 4 1	hand there is no block		DATE		
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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 it 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: RM Chause RM Chause 42506 904 261-4334

BIGHATURE AND TYPED OR PRINTED MAKE OF SICHING MARGING MEMBER, MAXAGER, OR AUTHORIZED REPRESENTATIVE Data Deptime Prome #