


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 027 ****50.00

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01072006 Chg-LLC CR2E083 (11/05)

Principal Place of Business 10263 WHISPERING FOREST DRIVE #516 JACKSONVILLE, FL 32257	Mailing Address 559 LEE COUNTY RD 2039 NOTASULGA, AL 36866
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2. Principal Place of Business 5167 Derby Forest Lane Suite, Apt. #, etc. 1	3. Mailing Address 559 Lee County Rd 2039 Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Notasulga AL
Zip 32258	Zip 36866

4. FEI Number 043661539	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAKI, EVAN 10263 WHISPERING FOREST DRIVE #516 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent Name Chaki EVAN Street Address (P.O. Box Number is Not Acceptable) 5167 Derby Forest Lane City Jacksonville FL Zip Code 32258

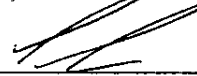
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 1/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstate)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAKI, EVAN 10263 WHISPERING FOREST DRIVE #516 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAKI EVAN 5167 Derby Forest Lane Jacksonville, FL 32258 <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:  DATE 1/11/06 604 287 092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE