## ANNUAL REPORT

## **DOCUMENT # L04000039476**

1. Entity Name TONY S RENO, LLC



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

712 WESTMINSTER BLVD. OLDSMAR, FL 34677 712 WESTMINSTER BLVD. OLDSMAR, FL 34677



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1700527 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RENO, TONY S 712 WESTMINSTER BLVD. OLDSMAR, FL 34677

## DO NOT WRITE IN THIS SPACE

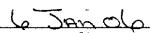
| OLDSMAR, FL 34677  |   | IN THIS SPACE  |  |  |
|--|---|--|--|--|
| 8. The above the obligat   | e named ontity submits this statement for the purpose of char<br>tions of registered agent. | nging its registered office or registered agent, or b        | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE.   | Signature, typed or ornited name of registered agent and title if applicable                | (NOTE, Registered Agent signature required when reinstating) |  |  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2006   | (чотс. лидын өө Адап задакий маймао жая аялыкар)             | DATE   |  |
| 8. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGRM RENO, TONY S 712 WESTMINSTER BLVD. OLDSMAR, FL 34677         |  | U00000393689<br>01/25/06-80031-021 55.00                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP          |   |  | NOT WRITE THIS SPACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |  |  |  |

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 eath; 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.

|               |       |      | - |
|---------------|-------|------|---|
| <b>SIGNAT</b> | IIRE: | lonu |   |
| JICHA         | O: II |      |   |
|               |       |      |   |

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



Daylina Phone #