## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

Principal Place of Business 2639 W. HIGHWAY 434 LONGWOOD, FL 32779 US  3. Mailing Address 2 C 39 W H 14WAY 434 Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. City & State  City & State  City & State  Country  Cou	l For plicable
Suite, Apt. #, etc.  O3302006 Chg-LLC CR2E083 (11/05)  City & State  City & State  LONGWOOD, FL  Zip  Country  Zip  Country  SEMINOLE  Tourisidate of Status Desired  Street Address of New Registered Agent  Name  DUNN, RICHARD M 2639 W. HIGHWAY 434  LONGWOOD, FL 32779  City  City  FL  Zip Code  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. Lam familiar with, and a	l For plicable
City & State  City & State  LONGWOOD, FL  Zip  Country  Zip  Country  SEMINOLE  Country  S. Certificate of Status Desired  Registered Agent  Name  DUNN, RICHARD M 2639 W. HIGHWAY 434  LONGWOOD, FL 32779  City  City  City  FL  Zip Code  Chg-LLC  CH2E083 (11/05)  Applied  Not Applied  Not Applied  Not Applied  Not Applied  Not Applied  Not Applied  Street Address of Status Desired  Street Required  Fee Required  City  FL  Zip Code  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. Lam familiar with, and a	plicable
Zip Country Zip 32-279 Sem\\\ ole Sem\\\\ ole Sem\\\ ole Sem\\\\ ole Sem\\\\\ ole Sem\\\\\ ole Sem\\\\\ ole Sem\\\\\ ole Sem\\\\\\ ole Sem\\\\\\ ole Sem\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	plicable
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  DUNN, RICHARD M 2639 W. HIGHWAY 434 LONGWOOD, FL 32779  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a	al
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SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE MGRM Delete TITLE Change DUNN, RICHARD M NAME STREET ADDRESS 2639 W. HIGHWAY 434 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP	Addition
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CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  1. I hereby certify that the information supplied 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 same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing memb	Addition

timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

407-862-1870

Daytime Phone #