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2	006 LIMITE ANI	D LIABILITY COMP. NUAL REPORT	ANY»	Jan 23, 2006 08:00 Al Secretary of State	M
-	MENT # L040			Secretary of State	
 Emity Nan 	ne OPERTIES, LLC				
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- 199.5	ce of Business	Mailing Address		-	
r <mark>dog9</mark> se 106th street <u>Sellev</u> iew, FL 34420		P.O. BOX 55 CANDLER, FL 32111			
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	permittee		2. 5. 2. demonstration of the second of the	01122006No Chg-LLC CR2E083 (11/05)	
	O NOI W	RITE IN THIS SP	AUE	4. FEI Number Applied Fo 20-1336604 Not Applied	
	200 A			5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address	of Current Registered Agent		3 Testroquines	
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31 N. BA	Y STREET FL 32726			A TOTAL CONTRACTOR OF THE PARTY	
		; ,		IN THIS SPACE	
Tag above	antity or their this	statement for the purpose of changing its regi-	stered office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	ent
	tions of registered agent.	tacement of the parpose of orlanging he roging	0.0100 0.1100 01 108/0101		
IGNATURE.	Signature, typed or printed name of i	egistered agent and title if applicable. (NOTE: Reg	istered Agent signature required	ed when reinstating) DATE	
F	iling Fee is \$50.00	?	<u> </u>	H0000338225	
	ue by May 1, 2006		•	U80000338225 01/30/06-80084-822 50.00	
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THEET AUDINESS		:	,	. 1985년 - 1985 - 1985년 - 1985	
917-31-21P	corply that the information	Supplied with this filing does not availly for the	e exemptions contring	ed in Chapter 119 Florida Statutes I further cadiful that the informat	inn
indicated lize	d on this report is true and a ability company or the sace	securate and that my signature shall have the iver or trustee employeed to execute this rep	same legal effect as its cort as required by Cha	ed in Chapter 119, Florida Statutes. I further certify that the informat if made under cain; that I am a managing member or manager of lapter 608, Florida Statutes.	he
	Ma	10/110.		1/18/26	
BIGNAT	FURE:	INTED NAME OF SIGNING MANAGING MEMBER, OR AUTH	ORIZEO REPRESENTATIVE	Date Cayrime Priorie #	