



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 049 ****50.00

DOCUMENT # L04000054556					
1. Entity Name DONNA J. HRINAK, LLC					
Principal Place of Business 4180 POINCIANA AVENUE MIAMI, FL 33133			Mailing Address 4180 POINCIANA AVENUE MIAMI, FL 33133		
2. Principal Place of Business 16721 SW 78 th Ct. Suite, Apt. #, etc.		3. Mailing Address 16721 SW 78 th Ct. Suite, Apt. #, etc.			
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		08202006 Chg-LLC CR2E083 (11/05)	
Zip 33157		Country USA		4. FEI Number 80-0117409	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HRINAK, DONNA J MS. 4180 POINCIANA AVENUE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name <u>HRINAK, DONNA J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>16721 SW 78th Ct.</u> City <u>Palmetto Bay, FL</u> Zip Code <u>33157</u>		
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 <u>Donna J. Hrinak</u> DATE <u>8/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. HRINAK, DONNA J 4180 POINCIANA AVE. MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. Hrinak, DONNA J. 16721 SW 78 th Ct. Palmetto Bay, FL 33157
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: <u>Donna J. Hrinak</u> DATE <u>8/20/06</u> Daytime Phone # <u>786-493-0711</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					