2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # L04000057	473					_	11 ****55.0	
Principal Place 3500 SW COI PALM CITY, F	RPORATE PARKWAY	Mailing Address 3500 SW CORPORATE PALM CITY, FL 34990	ARKWAY		i (Esksk si) d	IRMI BIBII ASMI BBI	ii 89lil Burl Ri	n 1981) 2 190 2798 (1	KRON (IN COC)
2. Principal Place of Business 459 Market Naco		3. Mailing Address 4102 Emerson Street		<u>-</u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04	122006	Chg-LLC	CR2	E083 (11/05)	
City & State	Wae West, FL	City & State	natan 1	x *	FEI Number 20-1446			— — —	oplied For
^{Zip} 349	186 USA	28403	Country	5.	Certificate of	of Status Desire	ed 💆	\$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7.	Name and	Address of No	w Register	ed Agent	
SABIN, CHARLES H									
	CORPORATE PARKWAY Y, FL 34990		Street A	daress (P.O. I	Box Number	r is Not Accep	table)		
			City			 .	F	Zip Cod	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office o	r registered aç	gent, or both	, in the State of	of Florida. Fa	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signat	ure required when r	reinstating)		DA	E	
Fi	Signature, typed or printed name of registered agent a siling Fee is \$50.00 ue by May 1, 2006	and title if applicable. {NOTE: f	Registered Agent signar	ure required when r	reinstating)		Make chec	k payable to tment of State	e
Fi	iling Fee is \$50.00		Registered Agent signat	ure required when r	reinstating)	Flo	Make chec	k payable to tment of Stat	ē
Fi De	iling Fee is \$50.00 ue by May 1, 2006			ure required when r	reinstating)	Flo	Make chec orida Depa	k payable to tment of Stat	e Addition
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM SABIN COMPANIES, INC. 3500 SW CORPORATE PARKWA	RS/MANAGERS	10.	ure required when r	reinstating)	Flo	Make chec orida Depa	k payable to tment of State	
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM SABIN COMPANIES, INC.	RS/MANAGERS	10. TITLE NAME		reinstating)	Flo	Make chec orida Depa	k payable to tment of State	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM SABIN COMPANIES, INC. 3500 SW CORPORATE PARKWA	RS/MANAGERS Delcte AY	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	merm James 4102 E	. W Ma merson	ADDITIC	Make checorida Depar	k payable to tment of State Change Change	☐ 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: 4/14/06 910-452-7578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Degrine Phone #