ANNUAL REPORT DOCUMENT # L04000059253 1. Entity Name AMATRUDI PROPERTIES LLC				May 26, 2006 8:00 a Secretary of State 05-26-2006 90128 024 ****50.00			
Principal Place of Business 4868 S W HAMMOCK CREEK DR PALM CITY, FL 34990		Mailing Address 	EEK DR	I ) SAMEN SH SAME SISH SAME SAME SAME SUM MUS IMPA MISA SUMA MISA MISA MISA MISA MISA			
2. Principal P	lace of Business	3. Mailing Address POST OFFICE BO	POST OFFICE BOX 1289 Suite, Apt. #, etc. City & State		05192006         Chg-LLC         CR2E083 (11/05)           4. FEI Number         Applied For		
Suite, Apt.		City & State					
Zip	Country	PALM CITY, FLO Zip 34991	Country USA	<b>NOT APPL</b> <b>5.</b> Certificate of St		<b>\$5.00</b> A Fee Requi	
· · · ·	6. Name and Address of Cu			7. Name and Add	ress of New F		
4868 S W	DI, ANTHONY J HAMMOCK CREEK DR Y, FL 34990		Name Street Address	(P.O. Box Number is	Not Acceptabl	e)	
1	normad antity submits this statem	nent for the purpose of changing its	City registered office or register	ered agent, or both, in	the State of Fi	FL Zip Co orida. I am familiar wit	,
	ions of registered agent.			-			
the obligat			Registered Agent signature requin	-	Mał	DATE te check payable to a Department of Sta	
the obligat SIGNATURE FII Due 1 9.	ions of registered agent. Sgnature, typed or printed name of registere Ing Fee Is \$50.00 by September 6, 2006 MANAGING M		Registered Agent signature requin	-	Mał	te check payable to a Department of Sta	ate
the obligat SIGNATURE . FII Due t	ions of registered agent. Sgnature, typed or printed name of registere Ing Fee Is \$50,00 by September 6, 2006	d agent and title if applicable. (NOTE		-	Mai Fiorid	te check payable to a Department of Sta	
the obligat SIGNATURE . FII Due 1 9. TITLE NAME STREET ADDRESS	ions of registered agent. Sgnature, typed or printed name of registere <b>Ing Fee Is \$50,00</b> <b>by September 6, 2006</b> MANAGING M MGR AMATRUDI, ANTHONY J 4868 S W HAMMOCK CRE	el agent and title il applicable. (NOTE	10. TITLE NAME STREET ADDRESS	-	Mai Fiorid	te check payable to a Department of Sta /CHANGES	ate
the obligat SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ions of registered agent. Sgnature, typed or printed name of registere <b>Ing Fee Is \$50,00</b> <b>by September 6, 2006</b> MANAGING M MGR AMATRUDI, ANTHONY J 4868 S W HAMMOCK CRE	d agent and its if applicable. (NOTE	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	-	Mai Fiorid	te check payable to a Department of St /CHANGES	ate
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ATTACHMENT 20046655

AMATRUDI PROPERTIES LLC Post Office Box 1289 Palm City, Florida 34991 May 24, 2006

	Corporations ive Center Circle	Out via Federal Express 5-24 AirBill/#8574-7959-8991	-06
Suite 100		An Din 6574-7757-6771	
Tallahassee,	Florida 32301		
	2006 LIMITED LIABILITY C DØCUMENT #L04000059253	OMPANY ANNUAL REPORT AMATRUDI PROPERTIES LLO	С
Dear Sir:	(		

The 2006 Annual Report for the above Document number is enclosed with our check #1301 in the amount of \$50.00

We are aware this report was due 5-1-06, however, we request a waiver of late fee as the renewal notice was not received for 2006 year. Delivery problems arose with mail being left at the physical address you currently have on file. The 2006 renewal Annual Report notice was an item never received at that physical street address. For security reasons, we were forced to change the physical street address (you currently have on file for mailings) to a U.S. post office box (noted above and also indicated in Box #3 of the enclosed 2006 Annual Report).

Due to the above circumstances, we respectfully request your waiving any resulting late fees. Should there be need for further discussion, please contact me at: PHONE: (772) 370-6041

Any correspondence should be directed to the above post office box; also indicated in Box #3 of the enclosed 2006 Annual Report Form.

Thank you for your consideration in this matter.

Sincerely,

AMATRUDI PROPERTIES, LLC

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Anthony J. Amatrudi, Manager