2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State

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DOCU 1. Entity Nan NCS, LLC	MENT #L0	4000	0600	095					03-29-200).00
Principal Plac	ce of Business			Mailing Address		•			14 (<i>,</i>	9.4	
6244 SPRIN PORT RICHE	IGER DRIVE Y, FL 34668			6244 SPRINGER DRIVE PORT RICHEY, FL 346								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03212006	Chg-LLC	CR2E	083 (11/05)	
City & State				City & State				4. FEI Number Applied For 20-1623622 Not Applicable				
Zip	Countr	ry		Zip	Count	try		5. Certificat	e of Status Desired		\$5.00 Add	ditional
	Name and Add	ress of C	urrent R	egistered Agent				7. Name an	d Address of Nev	v Registered		
SAUNDERS, NICOLE B				-		Name						
	INGER DRIVE CHEY, FL 34668					Street A	Address (f	P.O. Box Num	per is Not Accepta	ible)		
								<u>.</u>		. <u> </u>		
						City				FL	Zip Cod	e
8. The above the obligat	named entity submits tions of registered age	this state	ment for t	the purpose of changing its	registere	d office o	r register	ed agent, or b	oth, in the State of	Florida, I am	familiar with,	and accept
SIGNATURE .												
SIGNATURE .	Signature, typed or printed na	me of recuster	ed agent an	d title if epolicable (NOTE	Remeterac	Anent monet	h wa cade word					
	Signature, typed or printed na		ed agent an	d title if applicable. (NOTE	: Registered	i Agent signat	ture required	when reinstating)		DATE		
Fi	Signature, typed or printed ha illing Fee is \$50.0 ue by May 1, 200	00	red agent an	d title if applicable. (NOTE	: Registered	Agent signat	peanber arm	when reinstating)		ake check į	payable to nent of State	6
Fi	iling Fee is \$50.0 ue by May 1, 200)0)6	MEMBER	d title if applicable. (NOTE	Registered	i Agent signat	ture required	when reinstating)	Flor	ake check į	nent of State	8
9.	iling Fee is \$50.0 ue by May 1, 200 MAI	00 06 NAGING N	MEMBER		10.		ture required	when reinstating)	Flor	ake check ida Departn	nent of State	e Addition
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11. 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 limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. - רגר

NICOLE B. SAUNDERS SIGNATURE: NICOLE B. SAUNDE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

3/21/06

Daytime Phone #

844-7899