

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90079 038 ****50.00

DOCUMENT # L04000062852	
--------------------------------	---

Principal Place of Business 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952	Mailing Address 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952
--	--

2. Principal Place of Business 23077 Central Ave Suite, Apt. #, etc.	3. Mailing Address 23077 Central Ave. Suite, Apt. #, etc.
---	--

City & State Port Charlotte, Florida	City & State Port Charlotte, Florida
Zip 33980	Country USA.
Zip 33980	Country U.S.A.

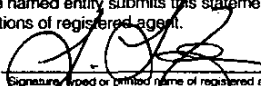


07252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0820099	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FIFE, JAMES L 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent Name Fife, James L. Street Address (P.O. Box Number is Not Acceptable) 23077 Central Ave. City Port Charlotte FL Zip Code 33980
--

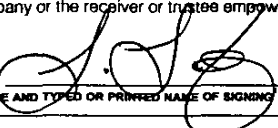
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE
--

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIFE, JAMES L 226 S. WATERWAY DR. NW PORT CHARLOTTE, FL 33952 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/MGR Fife, James L 23077 Central Ave. Port Charlotte 33980 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  J.L. FIFE	Date 7-27-06	Daytime Phone # 941-835-1002
---	---------------------	-------------------------------------