2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L04000065877

FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90139 001 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nar FLORIDA		ORKS, LLC								
Suite Apt it refer. A FEI Number 30-0273601	1202 GARY AVENUE			1202 GARY AVENUE							
Bradeston Country Space	2111 Zipperer Rd.			2111 Zipperer		≥d.	1				
Solution Status Desired Status Des			-1		= (_ `	*
Address of Now Registered Agent	Zio .	,			Country	us A				5.00 Add	ditional
HAWKINS, JOHN D 1023 MANATEE AVENUE WEST BRADENTON, FL 34205 6. 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 Filling Fee is \$50.00 Due by May 1, 2006 10. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11ILE MGRM MARE ELLIOTT, ARTHUR 1202 GARY AVENUE ELLENTON, FL 34222 11ILE MGRM MGRM Padde MGRM MGRM Padde SIRRET ADDRESS CITY-ST-2P ELLENTON, FL 34222 11ILE MGRM MGRM Padde SIRRET ADDRESS CITY-ST-2P ELLENTON, FL 34222 11ILE MGRM Padde MGRM MGRM Padde MGRM Padde MGRM Padde MGRM Padde MGRM MGRM MGRM Padde MGRM MGRM Padde MGRM MGRM Padde MGRM M							7. Name an	d Address of New R			
BRADENTON, FL 34205 City FL Zip Code 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 Signature Type or period name of registered agent. Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM Deele STREET ADDRESS STREET AD			NUE WEST				P.O. Box Numb	per is Not Acceptable	9)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typic or preted name of registered agent agent and title if applicable. (NOTE: Preparatived Agent signature required when remaining) DATE Printing Fee is \$50.00											
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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:

THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Arthur Elliott

1/20/06

941-745-2655

Daytime Phone #