

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 049 \*\*\*\*50.00

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01142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**56-2480276**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 8. Name and Address of Current Registered Agent

**SHAW, BRIAN**  
**1963 RYAN ROAD**  
**MULBERRY, FL 33860**

## 7. Name and Address of New Registered Agent

Name **SHAW BRIAN**

Street Address (P.O. Box Number is Not Acceptable)

**2412 TANSLEWOOD ST**

City **LAKELAND**

**FL**

Zip Code **33801**

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 BRIAN M SHAW  
Signature, typed or printed name of registered agent and title if applicable.

BRIAN M SHAW  
(NOTE: Registered Agent signature required when reinstating)

4-26-06  
DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SHAW, BRIAN**  
STREET ADDRESS **1963 RYAN ROAD**  
CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: BRIAN M SHAW Brian M Shaw 4-26-06-863-844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 4404