## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072331

Entity Name: SHOWCASE, LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2851 COUNTY RD 210 W 2851 COUNTY RD 210 W

JACKSONVILLE, FL 32259 110

JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

1148 RIVER BIRCH ROAD JACKSONVILLE, FL 32259

FEI Number: 20-1812157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F & L CORP.

ONE INDEPENDENT DRIVE, SUITE 1300

LOMBARDO, WILLIAM F
2851 COUNTY RD 210 W

JACKSONVILLE, FL 32202 US 110
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: WILLIAM F. LOMBARDO 04/24/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LOMBARDO, WILLIAM F
 Name:

 Address:
 1148 RIVER BIRCH RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LOMBARDO, SHARON L
 Name:

 Address:
 1148 RIVER BIRCH RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM F. LOMBARDO PRES 04/24/2006