

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90023 039 \*\*\*\*50.00

**20033086**



04142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1720936**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FARO, MICHAEL A  
7093 BRACKEN LANE  
MELBOURNE, FL 32940

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HATOUM, A. DANNY  
2199 ARNOLD PALMER DRIVE  
TITUSVILLE, FL 32796

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HATOUM, LELA S  
2199 ARNOLD PALMER DRIVE  
TITUSVILLE, FL 32796

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CHEHAYEB, ZOHEIR S  
P.O. BOX 730  
TITUSVILLE, FL 32781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LEMON, RICHARD D  
180 SKYLARK  
MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LEMON, DAVID J  
180 SKYLARK  
MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MCDONALD, THOMAS J And Shari McDonald  
6410 LEONARD AVE.  
COCOA, FL 32927

**DO NOT WRITE  
IN THIS SPACE**

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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-06

321-323-6754