

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072827**

**1. Entity Name**  
**TRASH TOWER, LLC**



**Principal Place of Business**  
**7603 LAKE CYPRESS DRIVE**  
**ODESSA, FL 33556**

**Mailing Address**  
**7603 LAKE CYPRESS DRIVE**  
**ODESSA, FL 33556**



**01142006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>55-0886019</b>	<b>Applied For</b> <b>Not Applicable</b>
-------------------------------------------	---------------------------------------------

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

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

**ANDERSON, RICK**  
**7603 LAKE CYPRESS DRIVE**  
**ODESSA, FL 33556**

**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 reissuing)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>CIAO, DOMINICK</b>
<b>STREET ADDRESS</b>	<b>4618 TENNYSON AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33629</b>

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>ANDERSON, RICK</b>
<b>STREET ADDRESS</b>	<b>7603 LAKE CYPRESS DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>ODESSA, FL 33556</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**U00000534241**  
**05/08/06-80003-019 50.00**

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

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

**RICK A. ANDERSON**

**4/21/06**

**8131920-892**

Date

Daytime Phone #