

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90004 050 ****50.00

20014424



03062006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 20-1727310	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PINK, ROY
206 SOUTH RHODES STREET
MT. DORA, FL 32757

**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	MGRM PINK, ROY 206 SOUTH RHODES STREET MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIAT LUX, LT 3822 VISTA AZUL SAN CLEMENTE, CA 92672
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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

3/6/06

Date

Daytime Phone #

(352)
255-3919