

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-13-2006 90041 001 \*\*\*\*50.00

DOCUMENT # L04000081546



1. Entity Name  
LADY TA'PREE CLEANING SERVICE "L.L.C."

Principal Place of Business  
120 RIVER TER.  
120 RIVER TER.  
EAST PALATKA, FL 32131 US

Mailing Address  
120 RIVER TER.  
120 RIVER TER.  
EAST PALATKA, FL 32131 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



04102006 Chg-LLC CR2E083 (11/05)

Zip

Country

Zip

Country

4. FEI Number  
54-0503400 02-0773788

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, IRISH R  
120 RIVER TER.  
120 RIVER TER.  
EAST PALATKA, FL 32131

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BELINDA, JACKSON J  
STREET ADDRESS 440 FERN ST.  
CITY-ST-ZIP PALATKA, FL 32187

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE MGR  
NAME CYNTHIA, VICKERS  
STREET ADDRESS 312 S 15TH ST.  
CITY-ST-ZIP PALATKA, FL 32177

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE MGR  
NAME JOHNNIE, WRIGHT  
STREET ADDRESS 505 N 9TH. ST.  
CITY-ST-ZIP PALATKA, FL 32177

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*MGR  
JOHNS, IRISH R  
120 RIVER TER.  
EAST PALATKA 32131*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *John B. Johns*

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

Date

Daytime Phone #