

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000082706**

1. Entity Name  
**FLORIDA AFFILIATES, LLC**



Principal Place of Business  
**3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237**

Mailing Address  
**3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237**

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1278755**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BLUM, KEVIN R  
3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237**

**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	MGRM
NAME	BLUM, KEVIN R
STREET ADDRESS	3277 FRUITVILLE ROAD D2
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MGRM
NAME	HUMBERSTON, YVONNE J
STREET ADDRESS	5110 NORTHRIDGE ROAD, #308
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000434565  
02/25/06-80006-023 50.00

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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

2/3/06

Date

440-729-8284

Daytime Phone #