FILED

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT				Secretary of State	
DOCU	MENT # L04000086	834		,555	J = 1.2 33332
1. Entity Name CHUCK RUTTEN STEAMASTER, LLC					
Principal Place P.O. BOX 12' PALATKA, FL	74	Mailing Address P.O. BOX 1274 PALATKA, FL 32178			
DO NOT WRITE IN THIS SPACE				04252006 No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 84-1663848	Applied For Not Applicable
			<u></u>	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	-		
RUTTEN, CHARLES 1104 S. MOODY ROAD			{	DO NOT W	RITE
PALATKA, FL 32177				in this sp	PACE
	named entity submits this statement to tions of registered agent.	or the purpose of changing its registe	red office of registe	red age nt, or both, in the State of Fl	orida. I am tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and this if spoilcable (NOTE: Register	red Agent signature require	d when reinstating)	DATE
F.	iling Fee is \$50.00 ** ue by May 1, 2006			U00000 05/12/06-	548942 80083-025 55.00
9.	MANAGING MEMBI	ERS/MANAGERS			
NAME SIRCET ADDRESS CITY-ST-ZIP	MGR RUTTEN, CHARLES 1104 S. MOODY ROAD PALATKA, FL 32177	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS	MGR OWENS, DONNA 1104 S MOODY RD				
TITLE	PALATKA, FL 32177	·	-		
NAME STREET ADDRESS					
CITY-ST-ZIP			_	DO NOT W	RITE
THILE NAME				in this si	PACE
STREET ADDRESS		· -			
TITLE			-		
NAME STREET ADDRESS					
CITY-ST-ZIP					
1	•		_		

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 eath; that I am a managing member or manager of the limited flability company or the received or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-SI-ZIP