2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

Date

Daytime Phone #

DOCUMENT #L0400091307 1. Entity Name MARK & JOAN HOLDINGS, L.L.C.					02-13-2006 90189 004 ****50.00				
W/WW & CO/W 1000 1000 2.2.0.				7					
Principal Place of Business Mailing Address									
23 Ponter Lake Dr. Vaj t a 1819 Main Street, Suite 610 Rasota, Fl. 34240 Sarasota, Fl. 34236			20007423						
2. Principal Place of Business 2123 PORTER LAKE DR Site Ast Table					K ERIN BIRU SEUL BRUL BRUL			131 1 1 13 1	
Cuite, Apt. #, etc. Suite, Apt. #, etc.				01052006	Chg-LLC	CR2E	083 (11/05)		
City & State				4. FEI Numb NOT A	er PPLICABLE		<u> </u>	oplied For ot Applicable	
3 42 30 Country	Zip Count		try	5. Certificate	of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New R	egistered	Agent		
COMPTON, JOHN M 1819 MAIN STREET, SUITE 610			Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34236				_					
· ·			City			FI	Zip Cod	le	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	s register	ed office or regist	tered agent, or bo	oth, in the State of Flo	rida. I am	n familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE			
Filing Fee is \$50.00					Mak	e check	payable to		
Due by May 1, 2006							nent of Stat	е	
9. MANAGING MEMBERS/MANAGERS 10			· · · · · · · · · · · · · · · · · · ·		ADDITIONS/	CHANGE			
TITLE MGRM NAME MICHALIK, MARK J	☐ Delete	TITLE	l l				☐ Change	Addition	
STREET ADDRESS 6729 ASHLEY COURT	6729 ASHLEY COURT								
CHY-SI-ZIP SARASOTA, FL 34241			-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME	☐ Delete	TITL NAM	I				□ cuange		
STREET ADDRESS			ET ADORESS -ST-ZIP						
CITY-ST-ZIP TITLE	☐ Detete	TITE					☐ Change	Addition	
NAME	- Detete	NAM							
STREET ADDRESS CITY-ST-ZIP		- 1	et address -st-zip						
TITLE	Delete	TITL					☐ Change	Addition	
NAME		NAM	SE.						
STREET ADDRESS CITY-SI-ZIP			ET ADDRESS -ST-ZIP						
TITLE	□ Delete TITL						☐ Change	☐ Addition	
NAME		NAM							
STREET ADDRESS CITY-ST-ZIP			EET ADORESS '-ST-ZIP						
TITLE	☐ Delete	TITL	E				☐ Change	Addition	
NAME		NAM	-						
STREET ADDRESS CITY-ST-ZIP			EET ADORESS 1-ST-ZIP						
I. I hereby certify that the information supplied will indicated on this repert is true and accurate an limited liability company or the receiver or trust.	h this filing does not qualify for the thing signature shall have seemboyered to execute this	or the exe the sam sepowa	emptions containe e legal effect as i s required by Ch	ed in Chapter 119 if made under oa apter 608, Florida), Florida Statutes. I fu th; that I am a manaç a Statutes.	irther cert ging meml	ify that the inf ber or manag	ormation er of the	
U. Variot			-	-16/20	al a	1134	11 04	'U	

SIGNATURE: Mark J. Michalik 2/6/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE DE