2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091751

City-St-Zip:

Entity Name: DARREN GAGE FAMILY, L.L.C.

FILED Mar 22, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ER KEY DRIV MERE, FL 347				
Current N	lailing Addre	ss:	New Mailing Address:		
	ER KEY DRIV MERE, FL 347				
FEI Number: 59-3793595 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of St		Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
LAVIGNE,	ND NATIONA	L DRIVE, SUITE 100 SOCIATES, P.A. JS			
	named entity e of Florida.	submits this statement for the p	urpose of changing i	its registered	office or registered agent, or both,
SIGNATUI	RE:				
Electronic Signature of Registered Age			ent Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM (GAGE, DARRE 2125 WATER I WINDERMERE	KEY DRIVE	Title: Name: Address: City-St-Zip:	GAGE, DARR 2125 WATER	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	GAGE, LESLE 2125 WATER	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	GAGE, MATTI 2125 WATER	
Title: Name: Address:	() Delete	Title: Name: Address:	MGRM (GAGE, NATAS 2125 WATER	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip: WINDERMERE, FL 34786 US

SIGNATURE: DARREN GAGE MGRM 03/22/2006