2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nar	MENT # L04000092	2654		Secreta	iry of State	
	ce of Business ALBANY AVENUE 33606	Mailing Address 401 South Albany Avenue TAMPA, FL 33606		{	######################################	
DO NOT WRITE IN THIS SPA			CE	03232006No Chg-LLC 4. FEI Number	CR2E083 (11/05) Applied Fall	
			Control of the Contro	59-1715207 5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			<u>.</u>	
STEINER, NELSON C 401 SOUTH ALBANY AVENUE TAMPA, FL 33606			DO NOT WRITE IN THIS SPACE			
8. The above the obligation	a named entity submits this statement to filons of registered agent. Signature, typed or project name of registered agent.		ed allice ar registere Agent signature required i		da. I am familiar with, and acce	
F	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBE	RS/MANAGERS				
INTLE NAME STREET AUDRESS CITY - ST - ZIP	MGRM STEINER, NELSON C 401 SOUTH ALBANY AVENUE TAMPA, FL 33606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			٠.	H000004 9-60\/15\/P0	95355 1000?~004 50.00	
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NAME STREET ADDRESS CITY-ST-ZIP				÷		

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 acculate and that try signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or truetee employee do execute this report as required by Chapter 608, Florida Statutes.

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

NAME STREET ADDRESS CITY-ST-ZIP

3/23/04

813-350-9399

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