


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90043 044 ****50.00

DOCUMENT # L04000093427		
1. Entity Name 2114 58TH AVENUE, LLC		

Principal Place of Business 2114 58TH AVENUE BRADENTON, FL 34203	Mailing Address 2114 58TH AVENUE BRADENTON, FL 34203
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40103427

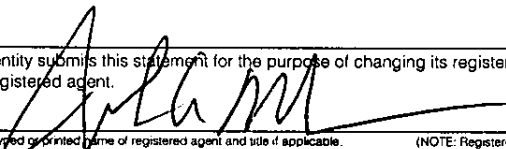


04082006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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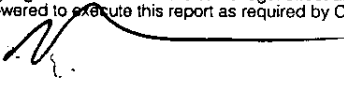
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORAN, JOHN A ESQ. 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		1990 Main Street, Ste. 700	
		City	Sarasota FL Zip Code 34236

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 	DATE 4-10-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SENSEMAN, ROBERT L.W.		NAME	Senseman, Robert L.W.	
STREET ADDRESS	2114 58TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: 	DATE