2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000000437

SIGNATURE: ___

1. Entity Name FOR SALE BY OWNER IN GAINESVILLE LIMITED



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90018 026 ****50.00

LIABILITY COMPANY						TES!					
Principal Place of Business 3041 S.W. 94TH STREET GAINESVILLE, FL 32608-7924			Mailing Address 3041 S.W. 94TH STREET GAINESVILLE, FL 32608-7924								
2. Principal Pla	ace of Busin	ness	3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082006	Chg-LLC	CR2E	083 (11/05)		
City & State			City & State				4. FEI Numb	20-221	612	6 Ap	plled For t Applicable
Zip		Country	Zip Country				5. Certificate of Status Desired Solution Status Desired Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New					Agent	
LAUREL AN			Name Street Address			ddress (I	P.O. Box Numb	ber is Not Accepta	ble)		
3041 S.W. 9 GAINESVIL											
				City	·····			FL	Zip Code	e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
•								T			
Fil Du	ing Fee le by Ma	is \$50.00 y 1, 2006						ake check ida Departn	payable to nent of State)	
9. MANAGING MEMBER								ADDITION	IS/CHANGE	S	
TITLE			☐ Delete	m		MG	-RM	SALAL HOL	/ CN Ew J	☐ Change	Addition
NAME STREET ADDRESS				NAM	E Et adoress	LITT	KREL ~	4NN HOU 94 TH ST	REET		
CITY-ST-ZIP					-ST-ZIP	GAI	NESVI	LLE, FL	32608	- 7924	•
TITLE	-		☐ Delete	TITL	E	44.0	0 4 4				Addition
NAME				NAM	_	STU	ART, M	ARK HOU.	SDEN		- •
STREET ADDRESS City-St-Zip					ET ADORESS -ST-ZIP	604	13.00	LE, FL 3	2/000	19711	
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NAME			L	NAM							_
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP				CITY	-ST-ZIP					·	<u></u>
TITLE			☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS				NAM	eet address						
CITY-ST-ZIP					-ST-ZIP						
11. I hereby c	ertify that th	e information supplied with	this filing does not qualify for	the exe	mptions co	ntained	in Chapter 119	9, Florida Statutes.	I further certi	fy that the info	ormation
indicated (limited liab	on this repo pility compa	rt is true and accurate and i ny or the receiver or trustee	that my signature shall have t empowered to execute this r	the sam report a	e legal effe s required l	ct as if n by Chap	nade under oat ter 608, Florida	th; that I am a mai a Statutes.	naging meml	er or manage	er of the

STUART M HOUSDEN