2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

	***50.00	
Principal Place of Business Maiting Address 3918 KILMARNOCK DR. 3918 KILMARNOCK DR. APOPKA, FL 32712-4783 APOPKA, FL 32712-4783		
2. Principal Place of Business 3. Mailing Address		
2170 Wekiva Village Ln 2170 Wekiva Village Ln	MENTI III INXI	
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Apopka, FL Apopka, FL 38-3450420	4. FEI Number 38 - 34 5 0 4 2 0 Applied For Not Applicable	
	Additional equired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name		
WILLLIAMS, JAMES C. Williams, James C.	Williams, James C.	
8 KILMARNOCK DR Street Address (P.O. Box Number is Not Acceptable) PKA, FL 32712-4783		
2170 Wekiva Village Lane	2170 Wekiva Village Lane	
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 Sportstore, hyped or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) OATE:		
Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State		
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		
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11. I nereby certify that the information supplied with this ling does not quality for the exemptions contained in Chapter 119, Honda 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 mede 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: Change Clashiften	416106	231-218-0556
BIONATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Detn	Daytime Phone #