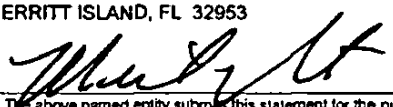
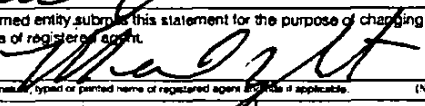


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-16-2006 90001 002 ****50.00

DOCUMENT # L05000005338					
1. Entity Name MICHAEL J. WRIGHT LLC					
Principal Place of Business 425 GAILS WAY MERRITT ISLAND, FL 32953 US			Mailing Address 425 GAILS WAY MERRITT ISLAND, FL 32953 US		
2. Principal Place of Business 2518 Palmetto		3. Mailing Address 2518 Palmetto			
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A			
City & State Cocoa		City & State Cocoa			
Zip FI	Country US	Zip FI	Country US		
4. FEI Number 20-2197091			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WRIGHT, MICHAEL J 425 GAILS WAY MERRITT ISLAND, FL 32953 			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 6/12/06 Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when re-registering)					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, MICHAEL J 425 GAILS WAY MERRITT ISLAND, FL 32953 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm michael wright 2518 Palmetto Cocoa FL 32922 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 6/12/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

30011337



01202006 Chg-LLC CR2E083 (11/05)