2006 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Feb 20, 2006 8:00 am Secretary of State			
1. Entity Nam	MENT # L05000007				ary 01 S 5 90051 021 ***			
Principal Place of Business 2708 ALTERNATE 19 NORTH SUITE 507-6 PALM HARBOR, FL 34683		Mailing Address 2708 ALTERNATE 19 NORTH SUITE 507-6 PALM HARBOR, FL 34683		6	ean 19 mile an ann an an an	O'RI JARA INGO MÉRI DAR DA	i fi) () 6 11	
2. Principal Place of Business		3. Mailing Address P10, Box 1261						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132	2006 Chg-LLC	CR2E083 (11/05)		
City & State		DUNEDIN, FLORIDA		4. FEI	Number 2277	283 🗔	plied For ht Applicable	
Zip	Country	34697	Country USA		ulicate of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent KONRAD, WILLIAM S 3617 TOWN AVE. NEW PORT RICHEY, FL 34655			- Name - Stroet Ac		ne and Address of New Re		9	
	named entity submits this statement for ions of registered agent. Bynaure, typed or printed name of registered agent a		-	registered agent,		ida. I em familiar with,	end accept	
Filing Fee is \$50.00 Due by May 1, 2006					Plorida	check payable to Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEF MGR CURTIS, ROGER A 2708 ALTERNATE 19 NORTH SU PALM HARBOR, FL 34683	C Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/C	CHANGES	Addition	
TTILE NAME STREET ADDRESS CITY-ST-ZIP	MGR Detas KONRAD, WILLIAM S 2708 ALTERNATE 19 NORTH SUITE 507-6 PALM HARBOR, FL 34583		TITLE NAME Street Address City-St-Zip			Change	Addition	
TTTLE NAME STREET ADDRESS CITY-ST-ZP	MGR BEAU, PHILIPPE 2708 ALTERNATE 19 NORTH SL PALM HARBOR, FL 34683	TIFLE NAME Street adoress City-St-Zip			Change	Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGR BEAU, ANDRE J 2708 ALTERNATE 19 NORTH SU PALM HARBOR, FL 34683	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE Hame Street adoress City-St-Zip			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
11. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is trup-end-occurate 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: Dif B 06 (727) 409 3465 BIGINATURE AND THED OR PRINTED NAME OF EXCEND MANAGENG MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE Deter Days Prove 1								





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2006

MONTCLAIR REAL ESTATE GROUP, L.L.C. PO BOX 1261 DUNEDIN, FL 34697

Subject: MONTCLAIR REAL ESTATE GROUP, L.L.C.

Reference Number:

05000007150

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION