


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90123 001 ****50.00

DOCUMENT # L05000009805	
1. Entity Name ANTIMO, LLC	

Principal Place of Business VICTORY BUSINESS PARK 491 CHANTLER DRIVE SAXONBURG, PA 16056	Mailing Address VICTORY BUSINESS PARK 491 CHANTLER DRIVE SAXONBURG, PA 16056
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2. Principal Place of Business 15303 CORSON LANE Suite, Apt. #, etc.	3. Mailing Address 5781 LEE BLVD Suite, Apt. #, etc. 208-216
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City & State NAPLES, FL	City & State LEHIGH ACRES, FL
Zip 34110	Zip 33971
Country USA	Country USA



08072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2426458	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANN, GISELL		NAME SWANN, GISELL	
STREET ADDRESS VICTORY BUSINESS PARK, 491 CHANTLER DRIVE		STREET ADDRESS 15303 CORSON LANE 5781 LEE BLVD	
CITY-ST-ZIP SAXONBURG, PA 16056		CITY-ST-ZIP LEHIGH ACRES, FL 33971	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 8/07/06	Daytime Phone #: 239 650-69690 412 720-47
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