

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90037 042 ****50.00

DOCUMENT # L05000009957 1. Entity Name FIFTY MILE LLC																																																																	
Principal Place of Business 42 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118 US			Mailing Address 42 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118 US																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04272006 Chg-LLC CR2E083 (11/05)																																																													
City & State		City & State		4. FEI Number 20-2261800																																																													
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent BOLERJACK, DANIEL J 42 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																													
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.				FL Zip Code																																																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> <tr> <td colspan="3" style="height: 20px;"></td> <td colspan="3" style="height: 20px;"></td> </tr> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP																																						
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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: <i>Dan Bolerjack</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				386 4-27-06 233-0677 <small>Date Daytime Phone #</small>																																																													