2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010361 1. Entity Name
CITY INVESTMENT FUND LLC



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

03-27-2006 90043 023 ****50.00

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Principal Place of Business 1 FLORIDA PARK DRIVE NORTH 107 PALM COAST, FL 32137			Mailing Address 1 FLORIDA PARK DRIVE NORTH 107 PALM COAST, FL 32137			1 1111811 1	30004582				
2. Principal Place of Business			3. Meiling Address								
Sulte, Apt. #, etc.			Suite, Apl. #, etc.			03222006	Chg-LLC	CR2E0	83 (11/05)		
City & State			City & State			4. FEI Numb	1640490			pplied For	
Zip		Country	Zip	Coun	try		e of Status Desired		\$5.00 Adi Fee Require	ditional	
	5. Name	and Address of Current F	Registered Agent			7. Namo and	d Address of New Re	gistered /	Agent		
					Name			. x			
CHAGEYEVA, ELLA 1 FLORIDA PARK DRIVE NORTH			Street Address			sss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
PALM COAST, FL 32137											
					City			FL	Zip Cod		
The above the obligat	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	t registere	ed office or reg	istered agent, or bo	oth, in the State of Flor	rida. Iam f	amiliar with,	and accept	
SIGNATURE,	Finnshire tuner	or printed name of registered agent as	(NO)	······································		- 3-satura es estadaren la		DATE			
	Signature, 19940	or bused usue or reducing adeas a	Un pae is abbactante furni-	E: Hagistay et	3 Agent signature rec	quired when reinstating)	1	DATE			
Filing Fee is \$50.00 Due by May 1, 2008							Make check payable to Florida Department of State				
9.		MANAGING MEMBER	AS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR		☐ Delste	TITLE	£				☐ Change	Addition	
NAME CHAGEYEVA, ELLA				нам	_						
STREET ADDRESS 1 FLORIDA PARK DRIVE NORTH			1#107		ET ADDRESS						
CITY-SI-ZIP			<u>_</u>		-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: SIGNATURE AND TYPED OR PRINTED FAME OF BIGHNO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Cayrime Phone #