

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90009 022 \*\*\*\*50.00

**20032205**



03042006 Chg-LLC CR2E083 (11/05)

4. FEI Number **47-0956990** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SAMUELS, LIVINGSTONE**  
**11305 MIGHTY OAK COURT**  
**ORLANDO, FL 32821**

## 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 May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE \_\_\_\_\_  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **SAMUELS, LIVINGSTONE**  
CITY-ST-ZIP **11305 MIGHTY OAK COURT**  
**ORLANDO, FL 32821**

TITLE \_\_\_\_\_  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **SAMUELS, ECELSA**  
CITY-ST-ZIP **11305 MIGHTY OAK COURT**  
**ORLANDO, FL 32821**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

## 10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
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

**4/13/2006 877-610-5691**  
Date Daytime Phone #