


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90023 004 \*\*\*\*50.00

DOCUMENT # L05000012092			
1. Entity Name 1310 EAU GALLIE, LLC			
Principal Place of Business 1310 EAU GALLIE BLVD MELBOURNE FL 32935 US		Mailing Address 119 LANSING ISLAND INDIAN HARBOUR FL 32937 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  PRUSINSKI, CHRISTOPHER J 119 LANSING ISLAND INDIAN HARBOUR-FL 32937		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: <u>Christopher J. Prusinski</u> DATE: <u>7/18/06</u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Christopher J. Prusinski, D.O. 119 LANSING ISLAND Indian Harbour Beach FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>[Signature]</u>		DATE: <u>7/18/06</u> CITY/STATE: <u>321-723-9244</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date City/State</small>	