


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 048 ****50.00

DOCUMENT # L05000015070	
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1. Entity Name
JOHN S. ROYAL, LLC

Principal Place of Business
**1510 NE 17TH TERRACE
CAPR CORAL, FL 33909**

Mailing Address
**1510 NE 17TH TERRACE
CAPR CORAL, FL 33909**



04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business 3704 NW 4th St.		3. Mailing Address 3704 NW 4th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33993	Country USA	Zip 33993	Country USA

4. FEI Number 20-2269071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROYAL, JOHN S
1510 NE 17TH TERRACE
CAPR CORAL, FL 33909**

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

John S. Royal

(NOTE: Registered Agent signature required when reinstating)

4/19/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYAL, JOHN S 1510 NE 17TH TERRACE CAPR CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3704 NW 4th St. Cape Coral, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYAL, KATHRYN A 30 A DEXTER ST. DERRY, NH 03038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3704 NW 4th St. Cape Coral FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Karen A. Royal

4/19/06

239-443-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #