## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



DOCUMENT # L05000016531  1. Entity Name 540-A, LLC				05-09-2006 90010 034 ****55.00				
500 SOUTH FLORIDA AVENUE, SUITE 700 500 SOUTH F		Mailing Address 500 SOUTH FLORIDA AV LAKELAND, FL 33801	H FLORIDA AVENUE, SUITE 700		4 U	110051		
	No. of Co. of Co	1 2 Maillian Address						
2. Principal Place of Business		3. Mailing Address			88481 BIIN 8831 BBIII 88111		8611 W 1163	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb	2364132		pplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Re	Fee Require	<del></del>	
		Name						
MCFARLANE, PETER A C/O PETER A. MCFARLANE, P.A.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
500 SOUTH FLORIDA AVENUE, SUITE 7 LAKELAND, FL 33801		700			<del></del> <del></del>			
	:		City			FL Zip Cod	de	
	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Flor	rida. I am familiar with,	, and accept	
1	tions of registered agent.							
SIGNATURE								
0.0	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE		
F	Signature, typed or printed name of registered agent a siling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE	: Registored Agont signature requ	uired when reinstating)		e check payable to Department of Stat	t <b>e</b>	
9.	iling Fee Is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.	uired when reinstating)		e check payable to Department of Stat CHANGES		
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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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE