


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90063 049 ****50.00

DOCUMENT # L05000019038 1. Entity Name AUSTIN PARTNERS, LLC					
Principal Place of Business 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786				Mailing Address 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	
2. Principal Place of Business 7575 DR PHILLIPS BLVD		3. Mailing Address 7575 DR PHILLIPS BLVD			
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. SUITE 220			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-2394464	
Zip 32819		Country 32819		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name MARK HOLECEK Street Address (P.O. Box Number is Not Acceptable) 7575 DR PHILLIPS BLVD SUITE 220 City ORLANDO FL Zip Code 32819	
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><i>Mark Holecek</i></u> DATE <u>3/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLECEK, MARK 5237 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
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: <u><i>Mark Holecek</i></u> <u>3/31/06</u> <u>407-354-2120</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					