## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Mar 16, 2006 8:00 am

| DOCU<br>1. Entity Nan<br>ILR, LLC   |  | 669                           |   | 03-16-2006 90025 044 ****50.00  |
|---|--|-------------------------------|---|---|
| Principal Plac  | ce of Business   | Mailing Address               | •   |   |
| 110 BRIDGE  | ROAD   | 110 BRIDGE ROAD               |   |   |
| TEQUESTA, I   | FL 33469 US  | TEQUESTA, FL 33469            | US  |   |
| 2 Drive ale al C  | Dinne of Divisions   | D. Martina Addison            |   |   |
| 2. Principal F  | Place of Business  | 3. Mailing Address            |   |   |
| Suite, Apt.   | . #, etc.  | Suite, Apt. #, etc.           | •   | 03062006 Chg-LLC CR2E083 (11/05)  |
| City & Star   | te   | City & State                  |   | 4. FEI Number   |
| Zip   | Country  | Zīp                           | Country   | Certificate of Status Desired   |
|   | 6. Name and Address of Current F                                     | l<br>Registered Agent         |   | 7. Name and Address of New Registered Agent   |
| <del>-</del>  |  |                               | Name  |   |
| RUSSO, A  |  |                               | Street /  | Address (P.O. Box Number is Not Acceptable)   |
| TEQUEST   | ra, FL: 33469  |                               |   |   |
|   | ;<br>; ·   |                               | City  | FL Zip Code   |
| 8. The above  | a named entity submits this statement for tions of registered agent. | the purpose of changing its r | registered office o   | or registered agent, or both, in the State of Florida. I am familiar with, and acce |
| SIGNATURE   | , ,  |                               |   | •   |
| ļ. <u> </u>   | Signature typed or printed name of registered agent a                | nd title if applicable (NOTE: | Registered Agent signa  | Table (equired when reinstating) DATE   |
|   | iling Fee is \$50.00<br>lue by May 1, 2006                           |                               |   | Make check payable to Florida Department of State                                   |
| 9.  | MANAGING MEMBER  | RS/MANAGERS                   | 10.   | ADDITIONS/CHANGES   |
| TITLE   | MGRM   | ☐ Delete                      | TITLE   | ☐ Change ☐ Addil  |
| NAME<br>STREET ADDRESS  | RUSSO, ANDREW<br>110 BRIDGE ROAD                                     |                               | NAME<br>STREET ADORESS  |   |
| CITY-ST-ZIP   | TEQUESTA, FL 33469   |                               | CITY-ST-ZIP   | '   |
| TITLE   | MGRM   | ☐ Delete                      | TITLE   | ☐ Change ☐ Addia  |
| NAME  | RUSSO, IRENE   |                               | NAME  | _ · =   |
| STREET ADDRESS  | 110 BRIDGE ROAD  |                               | STREET ADDRESS  |   |
| CITY-ST-ZIP   | TEQUESTA, FL 33469   |                               |   | ;   |
| <u> </u>  |  |                               | CITY-ST-ZIP   | _   |
| TITLE   |  | ☐ Delete                      | CITY-ST-ZIP<br>TITLE  | Change Addit  |
| TITLE NAME STREET ADORESS   |  | ☐ Delete                      | CITY-ST-ZIP   | ☐ Change ☐ Addit  |
| NAME  |  | ☐ Defete                      | CITY-ST-ZIP<br>TITLE<br>NAME  | ☐ Change ☐ Addit  |
| NAME<br>STREET ADDRESS  |  | ☐ Delete                      | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | ☐ Change ☐ Addit  |
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I nereby certify that the information supplied with this thing does not quality 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 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 TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE