

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90352 044 ****50.00

DOCUMENT # L05000029163					
1. Entity Name FULL FIRE, LLC					
Principal Place of Business 419 S. SEMORAN BLVD. WINTER PARK, FL 32792 US			Mailing Address 3132 MATTSON DRIVE ORLANDO, FL 32825 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 475 S. CHICKASAW TR Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL		4. FEI Number 01-0831597	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32825		Country ORANGE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent EL-HAWARY, AHMED 3132 MATTSON DRIVE ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 475 S. CHICKASAW TR. City ORLANDO FL Zip Code 32825		
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 AHMED EL-HAWARY 3/8/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing.)</small> 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 EL-HAWARY, AHMED 3132 MATTSON DRIVE ORLANDO, FL 32825	<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 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: AHMED EL-HAWARY 3/8/06 407-761-8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #					