2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State 02-20-2006 90141 011 ****50.00

1. Entity Name ILYA TILÉ SER\	T # L05000030'	711				02-20-2006	90141 011	[****50.1	00
Principal Place of Busin		Mailing Address		·			FAAA A	עדענ	- -
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2. Principal Place of B	usiness	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142006	02142006 Chg-LLC CR2E083 (11/05)			
City & State		City & State			4. FEI Numb	er 0-259199	6		olied For Applicable
Zip Country		Zip Country			of Status Desired	. m. ;	55.00 Addi	tional	
. 6. Na	ame and Address of Current f	Registered Agent			7. Name and	d Address of New			<u> </u>
				Name +			_		
LÉGKODUKH, ILÝA 8210 MAUREEN AVE. NORTH PORT, EL 24287				Street Address (P.O. Box Number is Not Acceptable)					
NORTH FORT, F	NORTH PORT, FL 34287		Į.		Lullaby	Rd.		1 = -	
i 1				orth Port		<u>FL</u>	3428		
'8. The above named of the obligations of re	entity submits this statement for egistered agent.	r the purpose of changing its	s registere	ed affice or re	egistered agent, or bo	oth, in the State of F	Florida. I am f		
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SIGNATURE			:				CATE		
SIGNATURE Signature, t	typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	d Agent signature	required when reinstate()		DATE		
Signature, t	ope is \$50.00 May 1, 2006	and title if applicable. (NO	TE: Registered	d Agent signature	required when reinstake(j)		DATE ike check pa da Departmo		, s
Filing Fe Due by I		RS/MANAGERS	10.		required when reinstate()	Florid	ke check p	ent of State	
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