


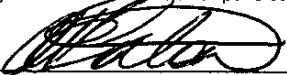


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90050 001 ****25.00
09-01-2006 90050 002 ****30.00

DOCUMENT # L05000032217 1. Entity Name EATON & ASSOCIATES LLC					
Principal Place of Business 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023 US			Mailing Address 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30013099 	
City & State		City & State		08282006 Chg-LLC CR2E083 (11/05)	
Zip Country		Zip Country		4. FEI Number 20-3191577	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAW OFFICES OF ANDREAN EATON, P.A. 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name ANDREAN EATON Street Address (P.O. Box Number is Not Acceptable) 6122 WASHINGTON ST SUITE 2 City HOLLYWOOD FL 33023		
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  ANDREAN EATON 8/28/06 <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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EATON, ANDREAN 6122 WASHINGTON STREET, SUITE 2 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			8/28/06 954-374-0707 <small>Date Daytime Phone #</small>		