2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L05000038029 1. Entity Name ANTHONY & WILLIAM ENTERPRISES, LLC					:	05-01-2006 90	0044 007 ****5	0.00
Principal Place	e of Business	Mailing Address				~~~~~		
COUNCIL SOL 7551 LITTLE	JARE	COUNCIL SQUARE 7551 LITTLE ROAD NEW PORT RICHEY, FL	34654		6 (VI)(VI)	INISI NIII: NNIII NNIII NNIII N	TERR (1181 1811 88118 91818 1881	IORI III ISSI
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 23 -	-269585	No.	oplied For ot Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent	
VALDEZ, N	MARIA		J4 %	* Name				
COUNCIL SQUARE 7551 LITTLE ROAD				Street Address	1	r is Not Acceptable)		
NEW POR	T RICHEY, FL 34654			, in 61			Zip Cod	la .
			- 1	تر ين City	•		FL Zip Cod	
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registere	d office or regist	ered agent, or both	n, in the State of Florid	la. I am familiar with,	and accept
SIGNATURE .					1			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	f Agent signature requi	red when reinstating)		DATE	
Fi	Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTI	E: Registered	f Agent signature requi	red when reinstating)		DATE Check payable to Department of State	•
Fi D	iling Fee is \$50.00 ue by May 1, 2006			Agent signature requi	red when reinstating)	Florida D	check payable to repartment of State	9
Fi Do	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	ERS/MANAGERS	10.	!	red when reinstating)		check payable to lepartment of State	
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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 of the receiver or trustee empowered to execute this proof as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS A. SIGNATURE AND TYRED OR PRINTED NAME OF BIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Date