

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-13-2006 90352 023 ****50.00

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DOCUMENT # L05000038772 1. Entity Name LURADA, L. L. C.					
Principal Place of Business 3547 RECKER HWY WINTER HAVEN, FL 33880 US			Mailing Address 3547 RECKER HWY WINTER HAVEN, FL 33880 US		
2. Principal Place of Business 3545 Recker Hwy Suite, Apt. #, etc.		3. Mailing Address 3545 Recker Hwy Suite, Apt. #, etc.			
City & State WINTER HAVEN FL		City & State WINTER HAVEN FL		4. FEI Number 20-2732650	
Zip 33880	Country US	Zip 33880	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name <u>Phillips, Raquel A</u> Street Address (P.O. Box Number is Not Acceptable) <u>3545 RECKER HWY</u> City <u>WINTER HAVEN FL</u> Zip Code <u>33880</u>	
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 <u>Raquel Phillips</u> DATE <u>3/8/2006</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 PHILLIPS, JOHNNY R 3547 RECKER HWY WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Phillips, Johnny R. 3545 RECKER HWY WINTER HAVEN FL 33880
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHILLIPS, RAQUEL A 3547 RECKER HWY WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Phillips Raquel A 3545 RECKER HWY WINTER HAVEN FL 33880
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARQUEZ, LUIS 3545 RECKER HWY WINTER HAVEN FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARQUEZ, LUIS 3545 RECKER HWY WINTER HAVEN FL 33880
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank] [Blank] [Blank]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM [Blank] [Blank] [Blank]
				<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 <u>Raquel Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3/8/2006</u> <small>Daytime Phone #</small>	