

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000039482</b>					
<b>1. Entity Name</b> ELEVEN 55 LLC					
<b>Principal Place of Business</b> 3314 MULLEN AVENUE TAMPA, FL 33609			<b>Mailing Address</b> 3314 MULLEN AVENUE TAMPA, FL 33609		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-2720585				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ANNIS, MICHAEL D 3314 MULLEN AVENUE TAMPA, FL 33609			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Manager Charles E. Mendez, Jr. c/o MCF Systems, 5353 Snapfinger Woods Drive, Decatur, GA 30035			Member Michael D. Annis 3314 Mullen Avenue Tampa, FL 33609		
Member Michael D. Annis 3314 Mullen Avenue Tampa, FL 33609			Manager Charles E. Mendez, Jr. c/o MCF Systems, 5353 Snapfinger Woods Drive, Decatur, GA 30035		
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<b>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.</b>					
<b>SIGNATURE:</b>				1/4/06 (813) 225-4182	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					