## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nam	MEN I # LU5000043 ERPRIZES, LLC	517			· ·	04-24-2006 9	90060 0	45 ****5	0.00
Principal Place of Business 7601 LAKESIDE DRIVE MILTON, FL 32583 US		Mailing Address 7601 LAKESIDE DRIVE MILTON, FL 32583 US			05898U	ı darn did <b>ir</b> il	liga 911ga 11 <b>81</b> 3 1 <b>8</b> 1	EPRE (III PRA)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Number 20 – 27	er 794459			oplied For ot Applicable
Zip .	Country: 1	Zip	Count	try .	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent	
PONTO, JA 7601 LAKE MILTON, F	ESIDE DRIVE				(P.O. Box Numb	er is Not Acceptable	)		
	) (1) (2) (2)			City		<del></del>	FL	Zip Cod	e
	named entity submits this statement fo ions of registered agent.	or the purpose of changing its i	registere	l ad office or registe	red agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed nâme of registered agent	and title if applicable. (NOTE:	: Registered	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				ŀ	Make check payable to Florida Department of State			,	
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	ue by May 1, 2006  MANAGING MEMBE	ERS/MANAGERS	10.				Departm	ent of Stat	8
9. TITLE	ue by May 1, 2006  MANAGING MEMBE	ERS/MANAGERS	TITLE	I		Florida	Departm	ent of Stat	Addition
9. TITLE NAME	MANAGING MEMBE MGRM STULTS, SHANE J	<u>_</u>	TITLE NAME	E		Florida	Departm	ent of Stat	
9. TITLE	MANAGING MEMBE MGRM STULTS, SHANE J 7631 LAKESIDE DRIVE	<u>_</u>	TITLE NAME STREE	I		Florida	Departm	ent of Stat	
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I hereby certify that the information supplied with this litting does not quality for the exemptions contained in Chapter 119, Fixture statistics 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #	SIGNATURE COCKUL L'ONTO Jackie L.	Ponto	4-4-06
	SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	E Date	Daytime Phone #