

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90080 002 \*\*\*\*50.00

20004799



01292006 Chg-LLC CR2E083 (11/05)

4. FEI Number **56-2554326** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

REYNOLDS, K. JEFFREY  
924 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NARCISO, NELLIE F	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NARCISO, ROMAN F	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NARCISO, LOURDES S	
STREET ADDRESS	643 CEDAR BLUFF DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PARUNGAO, ROMEOES S	
STREET ADDRESS	1173 HIGH MEADOW DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAVIER, ANA	
STREET ADDRESS	313 SWITCHGRASS DRIVE	
CITY-ST-ZIP	ROUNDLAKE, IL 6007	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MENDOZA, MARIA TERESA R	
STREET ADDRESS	2851 S. KING APT 1914	
CITY-ST-ZIP	CHICAGO, IL 606163315	

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Nellie F. Narciso* *2-2-2006* *850-457-1411*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #