## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90011 019 \*\*\*\*50.00

DOCUMENT # L05000049334  1. Entity Name ANATAK TRADING, LLC						04-28-2006 90	011 019 ****	50.00
Principal Place 150 MAGNOL DAYTONA BE		Mailing Address P.O. BOX 790 EUSTIS, FL 32727						
2. Principal P	tace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312006	Chg-LLC C	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb			pplied For	
Zip	Country	Zip	Count	гу	T		\$5.00 Ad	ditional
	6. Name and Address of Curren	Registered Agent			7. Name an	d Address of New Regis	tered Agent	
PALMETT	O CHARTER SERVICES, INC	Name		Name	ame			
150 MAGN	IOLIA AVENUE BEACH, FL 32114	•		Street Address	(P.O. Box Numb	ber is Not Acceptable)		
DATIONA	1 BEACH, FE 32114		ĺ					
			Ì	City			FL Zip Cox	de
	named entity submits this statement f	or the purpose of changing it	ts registere	d office or registe	red agent, or b	oth, in the State of Florida	. I am familiar with	, and accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agen	t and little if applicable (NO	TE Registered	Agent signature require	d when reinstating)		DATE	
FI D	ling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State			
9.	MANAGING MEMB	 ERS/MANAGERS	10.			ADDITIONS/CH/	ANGES	
TITLE	MGR	☐ Deleta	TITLE	l l		•	Change	Addition
NAME STREET ADDRESS	HOLTZOLAW, ÉRIC H 150 MAGNOLIA AVENUÉ		NAME STREE	T ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-	ST-ZIP				
TITLE NAME		☐ Detete	TITLE NAME	1			☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE NAME		☐ Delete	TITLE	i			☐ Change	Addition
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP		<del></del>	_	ST-ZIP			5	
TITLE NAME		☐ Deleta	TITLE				☐ Change	Addition Addition
STREET ADDRESS			STREE	TADORESS				
CITY-ST-ZIP		<b></b>		ST-21P			F3 01	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADORESS			STREE	ET ADDRESS				
CITY-ST-ZIP			_	ST-ZIP		<del></del>	Charm	☐ Addition
NAME		☐ Delete	TITLE	ı			☐ Change	Addition Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	certify that the information supplied wi	th thin filing class as a salis.		ST-ZIP	Lin Chanter 116	- Horida Statutae I furtho	r cortify that the inf	formation
indicated	certify that the information supplied will on this report is true and accurate an ibility company or the receiver or trust	of that my signature shall have be encowered to execute this	e the same s report as	legal effect as if I required by Char	made under oa oter 608. Florida	th; that I am a managing a Statutes.	member or manag	er of the
minio no								
SIGNAT	URF: VIMI	I SHOW				4-25-06	(914)-54	18-7340
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNENG MANAGING MEMBER, M	UNAGER, OR	AUTHORIZED REPRES	ENTATIVE	Date	Daytme Phone ∉	