## LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L05000049826 1. Entity Name 0 - 4

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP TITLE NAME

NAME



## **FILED** Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90311 015 \*\*\*\*55.00

IN THIS SPACE

EDDIE	Rogers Mainting	) LLC				
DO NOT WRITE IN THIS SPACE				2000246)		
2. Principal Place of Business 425 S.W.14 <sup>th</sup> St <sub>Lot</sub> //		3. Mailing Address 425 S. W. 14 <sup>th</sup> S	4. 1.4 11	<b>— 200054</b> 03		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E083B (8/05)		
City & State  LAKE BUTKE F1.  Zip 32054 Country Union		City & State  LAKE BY+/ER F/.  Zip 32057  Country Union		4. FEI Number Applied For 20–2980565 Not Applied	ble	
Zip	Country	Zip 32054	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		
3203/	Q I/(OT)	132 - 31	UNIDA	7. Name and Address of Current Registered Agent		
			Name EDD 18			
DO NOT WRITE				Street Address (P.O-Box Number is Not Acceptable)		
IN THIS SPACE			425	3, W. 17= 31. KD1 //		
1 T			City	Zin Code		
			LAKE	ε But/ερ FL Zip Code 32054		
8. The above the obligation	named entity submits this statement fo ons of registered agent,	r the purpose of changing its re	egistered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	tc	
SIGNATURE _	Eddie Rogen Signature, typed or printed name of pastered agent	EDD/E Rog	ers o	OWNER 2-19-07		
		Make Check Payable	EE IS \$50.00 to Florida Depart JE BY MAY 1	rtment of State		
9.	MANAGING MEMBE		****		<del></del>	
TITLE NAME	MGR EDDIE Rogers 425 S.W. 14#St.	II	TITLE NAME			
	425 S.W. 14th St.	LOT 11	STREET ADDRESS			
CITY-ST-ZIP LAKE BUTKE, FI 32054		CITY-ST-ZIP				
TITLE NAMÉ			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	( <del>-</del> )		CITY-ST-ZIP			
NAME			NAME			
STREET ADDRESS	<del></del>	<u> · · · · · · · · · · · · · · · · ·</u>	STREET ADDRESS	DO NOT WRITE		
1 CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

NAME STREET ADDRESS

SIGNATURE: EDDIE E. ROJENS ELLLE KAGES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE