2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000051554

1. Entity Name
M & N OF ORMOND, LLC

Principal Place of Business	Mailing Address
33 FOREST VIEW WAY ORMOND BEACH, FL 32174	33 FOREST VIEW WAY ORMOND BEACH, FL 32174

04062006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 20-2894204 Applied For / Not Applicable
Zip	Country USA	Zip	Country USA	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MILES, STEVEN G 33 FOREST VIEW WAY ORMOND BEACH, FL 32174	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME MILES, STEVEN G STREET ADDRESS 33 FOREST VIEW WAY CITY-ST-ZIP ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 03/24/06-61053-010-$25.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 200074702612 STREET ADDRESS 05/17/06--01007--002 **25.00 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4-11-06   386 299 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #