## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 17, 2006 8:00 am Secretary of State

Place of Business	1. Entity Nam	ERNATIONAL (192), LIMITE						01-17	7-2006 9	0056 0:	25 ****5(	).00
Suite, Apt. # etc.   Suite, Apt. #, obc.   O1122006   Chg-LLC   CR2E083 (11/05)	12630 RINGWOOD AVENUE		12630 RINGWOOD AVENUE									
Suite, Apt. # etc.   Suite, Apt. #, obc.   O1122006   Chg-LLC   CR2E083 (11/05)	2. Principal P	Place of Business	3. Mailing Address									
City & State  Country			Suite Act # etc				1 (92)(9))	11 <b>6 B) D1 0</b> [[4]	SCIIL SEIN SCH	BETRE Bliff I	1911 19 <b>7</b> 19 119 <b>7</b> 9 11	1201 111 1021
Standard			Suite, Apr. #, etc.				01122006	Chg-	LLC	CR2E	083 (11/05)	
E. Name and Address of Current Registered Agent  F. Name and Address of Surrent Registered Agent  TAN, SAU BEE TOWN 1993  City KS 1 W 1993			City & State				4. FEI Numb	) _) _)	2908	2111	Ar	<del></del>
1. Name and Address of New Registered Agent	Zip	Country	Zip	Counti	ry		5. Certificat				\$5.00 Add	ditional
TAN, SAU BEE 12830 RINGWOOD AVENUE ORLANDO, FL 32837  Tille MGR TAN, SAU BEE 12830 RINGWOOD AVENUE 12830 RINGW	<u> </u>		Registered Agent	<u> </u>		. <b>_</b> l	7. Name an	d Addres	s of New Re	gistered	•	
SIZERT ADDRESS ORT-ST-2P  ORLANDO, FL 32837  Street Address (P.O. Box Number is Not Acceptable)  CATE  TAL STREET ADDRESS (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number i	TAN SAII	REE			Name	SA	N BE	ے ،	TAN			
THE MARK CHT. STRET ADDRESS OTT-S1-2P ORLANDO, FL 32837 ORLANDO, F	12630 RIN	IGWOOD AVENUE			Street A	ddress (F			Acceptable	)		
8. The above named entity submits his 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    Titing Fee is \$50.00	ORLANDO	D, FL 32837		-	50	51	W.	HWU	191			
8. The above named entity submits his 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    Titing Fee is \$50.00					City	1/00	• • • • • •	<del>- /-</del>		FI	Zip Cod	e
SIGNATURE    Filting Fee is \$50.00	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registere	ed agent, or b	oth, in the	State of Flo		-   34	and accept
## Piling Fee is \$50.00  9. MANAGING MEMBERS / MANAGERS 10.0 ADDITIONS / CHANGES    MGR	_		and title it emplicable (A)OT	F. 6 L								
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR AND BEE STREET ADDRESS 12630 RINGWOOD AVENUE 1263		organistic, types of printed harrie of registered agent of	To the in applicable. (NOTE	c. negistered	Agent signati	ure required	when reinstating)			DATE		
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11. I hereby certify that the information supplied with this filling 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 path: that I am a managing member or manager of the	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE  MGR TAN, SAU BEE 12630 RINGWOOD AVENUE ORLANDO, FL 32837 MGR LIU, MEI KIT 12630 RINGWOOD AVENUE	Delete  Delete  Delete  Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	MGI TAM 126 ORL	SAW E		Florida	Departm CHANGES	Change  Change  Change	Addition Addition Addition

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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MF OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/06 (404) 3968668