
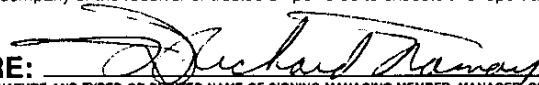


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90020 035 ****50.00

DOCUMENT # L05000056954 1. Entity Name LADY LAKE DOLLAR, LLC					
Principal Place of Business 650 HERMITAGE CIRCLE PALM BEACH GARDENS, FL 33420				Mailing Address P.O. BOX 31509 650 HERMITAGE CIRCLE PALM BEACH GARDENS, FL 33420	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 650 HERMITAGE CIRCLE Suite, Apt. #, etc.	
City & State				City & State PALM BEACH GARDENS, FL	
Zip 33410		Country		4. FEI Number 20-2964569	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NAGLER DANIELS, ALYS 701 U.S. HWY ONE, SUITE 402 GRAY, DYTRYCH & RYAN, P.A. N. PALM BEACH, FL 33408				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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAMAY, N. RICHARD P.O. BOX 31509 PALM BEACH GARDENS, FL 33420 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	650 HERMITAGE CIRCLE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 4/17/06 Daytime Phone # 561-234-9605		