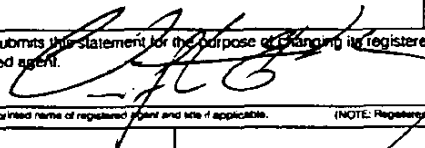
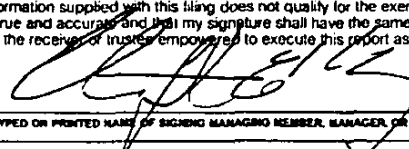


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90033 044 ****50.00

DOCUMENT # L05000058085			
1. Entity Name LIQUID ASSETS OF EASTGATE, LLC			
Principal Place of Business PMB 429, UNIT 104 4044 WEST LAKE MARY BLVD. LAKE MARY, FL 32746-2012		Mailing Address PMB 429, UNIT 104 4044 WEST LAKE MARY BLVD. LAKE MARY, FL 32746-2012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMES, LAURENCE C 215 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Christopher E. Kelley Street Address (P.O. Box Number is Not Acceptable) 4044 W. Lake Mary Blvd., #109 PMB 429 City Lake Mary FL Zip Code 32746	
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 		DATE 4-26-06	
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	Christopher E. Kelley, Mgr. ☐ Delete 4044 W. Lake Mary Blvd., #109 PMB 429 Lake Mary, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kathy R. Kelley, Mgr. ☐ Delete 4044 W. Lake Mary Blvd., #109 PMB 429 Lake Mary, FL 32746	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
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
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: 		(407) 322-6765 4-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	