2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058129

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90028 001 ****55.00

Principal Place of Business 1140 7TH COURT, SUITE E VERO BEACH, FL 32961 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent BLOCK, SAMUEL A ESQ. 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963 Mailing Address 1140 7TH COURT, SUITE E VERO BEACH, FL 32961 3. Mailing Address Suite, Apt. #, etc. 03062006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20 - 45 8 6 1 4 2 Not Applied F Not Applied	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Tip Country S. Certificate of Status Desired Fee Required Fee Required To Name and Address of New Registered Agent Name BLOCK, SAMUEL A ESQ. 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963 Suite, Apt. #, etc. O3062006 Chg-LLC CR2E083 (11/05) Applied F Not A	B i
City & State Applied F Not Applied F Not Applied Status Desired Status De	
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent Name BLOCK, SAMUEL A ESQ . 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOCK, SAMUEL A ESQ . 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963 Street Address (P.O. Box Number is Not Acceptable)	
BLOCK, SAMUEL A ESQ . 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963 Name Street Address (P.O. Box Number is Not Acceptable)	
BLOCK, SAMUEL A ESQ . 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963 Street Address (P.O. Box Number is Not Acceptable)	
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 ac the obligations of registered agent.	cept:
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	_
Supracors, types of prince trained in registered algebra and their registered. (Notice regulation region and about required when remaining)	
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	
ITILE NAME STREET ADDRESS CHY-ST-ZIP Jack J. Schwey 1140-7th Court, Suite E STREET ADDRESS CHY-ST-ZIP Vero Beach, Florida, 32961 CHANGE C	ddition
IIILE NAME STREET ADDRESS CITY-S1-ZIP (Managing Member) Delete IIILE NAME STREET ADDRESS CITY-S1-ZIP	ddition
TITLE Delete TITLE Change AC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	ddition
ITILE Delete TITLE Change Ac NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	dition
TITLE	ddition
ITILE NAME STREET ADDRESS CITY-ST-ZIP 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	ddition

1. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 fiability company or the received if trustee empowered to explute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED MANE OF MINISTER ANAGING MEYER MANAGER, OF AUTHORIZED REPRESENTATIVE

Date

Date

Date

Description of the Company of the Company

Manarine Manager: TACK T Schule