2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

				_ Secretary or State	
DOCUMENT # L05000061101 1. Entity Name STATON ASSOCIATES, LLC				03-06-2006 90201 032 ****50.00	
Principal Plac	e of Business	Mailing Address		7	
6800 BROKEN SOUND PARKWAY 6800 BROKEN SOUND PA			ΡΔΡΚΨΔΥ	1	
SUITE 200 SUITE 200			· · · · · · · · · · · · · · · · · · ·		
	i, FL 33487 US	BOCA RATON, FL 3348	37 US		
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired Space Spa	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	—
		- -	Name		
STATON, DANIEL C 6800 BROKEN SOUND PARKWAY			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 200)				1
BOCA RAT	TON, FL 33487				ŀ
			City	FL Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce	ept
·	itoria di registereo agont.				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if annicable (NOTE	: Registered Agent signature requ	uired when reinstating) DATE	
	ogramo, typod o prinds to tegeste de agent a	TO THE PROPERTY.	riegisteres rigen agratu e resp	and when temperatury	
		1			-
Fi D	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to	
Fi Di	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State	
Fi Di	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.		
Dı	ue by May 1, 2006	RS/MANAGERS	10.	Florida Department of State	tion
9.	ue by May 1, 2006 MANAGING MEMBER			Florida Department of State ADDITIONS/CHANGES	tion
9. IIILE	we by May 1, 2006 MANAGING MEMBER	☐ Delete	TITLE	Florida Department of State ADDITIONS/CHANGES	tion
9. TITLE NAME	MANAGING MEMBER MGRM STATON, MARIA B	☐ Delete	TITLE NAME	Florida Department of State ADDITIONS/CHANGES	tion
9. IIILE NAME STREET ADDRESS	MANAGING MEMBER MGRM STATON, MARIA B 6800 BROKEN SOUND PARKWA	☐ Delete	TITLE NAME STREET ADDRESS	Florida Department of State ADDITIONS/CHANGES	
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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 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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

|28|2006

Daytime Phone #