## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Sep 08, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L050000616 PLDINGS, LLC	510		09-08-2006 90043 042 ****50.0	00	
Principal Plac	e of Business	Mailing Address		<b>-</b>		
9011 63RD AVENUE DRIVE EAST 9011 63RD AVENUE DRIV BRADENTON, FL 34202 BRADENTON, FL 34202						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08222006 Chg-LLC CR2E083 (11/05)		
City & State		City & State		4. FEI Number Applied Fi		
Zip	Country	Zìp	Country	5. Certificate of Status Desired S \$5.00 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent	Name of the last o	7. Name and Address of New Registered Agent		
PREWETT, DANIEL L			Name			
5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	cept	
SIGNATURE .	Signature, typed or printed name of registered agent an	id little il applicable. (NOTE: I	Registered Agent signature requir	red when reinstating). DATE	- ]	
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State		
	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES		
9.	110 110 10 110 112 110 21	.0   1111 11 11 10 21 10				
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Ad	dition	
	MGRM MAJERCIN, DAVID MD	☐ Delete	TITLE NAME STREET ADDRESS		dition	
TITLE NAME	MGRM	☐ Delete	NAME		dition	
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	MGRM MAJERCIN, DAVID MD 9011 63RD AVENUE DRIVE EAS BRADENTON, FL 34202 MGRM	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2P	MGRM MAJERCIN, DAVID MD 9011 63RD AVENUE DRIVE EAS BRADENTON, FL 34202	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad		
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dale

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